	DIVISION OF STATISTICAL RESEARCH AND RECO	E DEPARTMENT OF HEALTH ORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	DVI AND
1	09892 CERTIFIC		9884
	I. PLACE OF DEATH a. COUNTY Frederick MARYLL	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE Maryland b. COUNTY Fre	dence before admission
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Frederick  c. LENGTH OF STAY	Thurmont	d give nearest town)
,,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add Frederick Memorial Hospital	d. STREET AOORESS  33 Water St.	e. IS RESIDENCE ON A FARM?
1 -	3. NAME OF DECEASED (Type or print) HARRY SOCIAL	Last 4. DATE Month	Oay Year  19 6 6
	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIOOWEO   OIVORCEO	8. OATE OF BIRTH 9. AGE (In years IFINOER I Y last birthday) Months I Oa	EAR IF UNOER 24 HRS
1	Oa. USUAL OCCUPATION (Give kind of work done living most of working life, even if retired)  Laborer  10b. KINO OF BUSINESS OR INOUSTRY		ZEN OF WHAT
	George W. Anders	14. MOTHER'S MAIOEN NAME Effie M. Messner	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no. or unknown) (If yes give war or dates of service) 220-05-6987		d.
	G OR CONTRIBUTING (AUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	thrombonis  the veleves  otrelated to the terminal disease condition given in Part 1(a)  the feat failure  y OCCURREO. (Enter nature of injury) in Part i or Part II of Item 18.)	NTERVAL BETWEEN ONSET ANO OEATH  / WK  19. WAS AUTOPSY PERFORMEO? YES NO
		Oe. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
	21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 1966, and 22a. SIGNATURE  22c PHYSICIAN'S NAME (Type)	om 1966, to July 1, 1966  Ind that death occurred at 520 M, from the causes and on the 1920. OATE  M.D. ATTENOING MEO. OIRECTOR PHYS. 1960  22d. AOORESS  22d. AOORESS	date stated above
	1 11/11/19 1: 01/03/		11/4
	DEMOVAL (Specify)	METERY OR CREMATORY  Brethren Cem.   23d. LOCATION (City, town or county)  Thurmont Fred.	Co. Md.

also Extended 1 1 day Troppions Sto Legation and and the second second interior tared design anders And I booky and George L. Anders naminani selle di la pec.og. (98y polate)), Andess Muneaung, N. . a fortestion of live and the last beautiful to Grelond Thenbown Ciclone athern Carries HERMAN LONG CHARLE CLARET STORY OF THE The med the state of the state Saymond L. Oronger. Thurmonk, 16.

1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
E8.4		09893 Tem #2 infor CERTIFICATE OF DEATH cert	09885
er dead	1.	PLACE DF DEATH a. COUNTY FREDERICK  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATE Maryland b. COUNTY Fred	
er si		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Mt. Airy	end give nearest town)
64		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)    d. STREET ADDRESS   Rt. #2	e. IS RESIDENCE ON A FARM? YES NO
	3.	NAME DF DECEASED (Type or print)  Nichael  ARNOLA  4. DATE DF DEATH  Typuly	Day Year 3 1966
	5.	WIDOWED DIVORCED VIS.	Days Hours Min.
-	10a dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  FREDERICK MA	ITIZEN OF WHAT DUNTRY?
		FATHER'S NAME KENNETH Albert AFNOLD 14. MOTHER'S MAIDEN NAME JEAN ANN SUMME	RS
	15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  No. 17. INFORMANT Address Records	
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Congestive Ht. Lacility	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which gave rise to immediate (b) Atelectosis neorotal	
	Z	cause (a), stating the DUE TO LIMATURITY	19. WAS AUTOPSY
)	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	YES NO
	1	20a, ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	Hour a.m.  p.m.  While Not While at work at work	unty) (State)
		saw the deceased alive on 2 Jy 1966, and that death occurred at 2:454 from the causes and on t	the date stated above.
אומות מפ ווופת אומו מופ		22a. SIGNATURE  M.D. ATTENDING MED. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	PATE SIGNED
- Page /	-	NAME (Type) 6 W 3nd St-trado	reck Md. (State)
0	238 RE 24	REMOVAL (Specify)  7/3/66 FREDERICK MEMORIAL HOSPITAL FREDERICK	MD.
By	0	P. Daved Youngsale DATE JUL 8 1966 John	rles Judge
		116-3299	U

CARRES . The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Frederick Maryland Frederick MARYLAND Department after death. funeral b. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b may Frederick Years Frederick d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE DN A FARM? d. STREET ADDRESS any delay ... 2, and 3 to t PM3. Page State E. Second Street E. Second Street YES ND X Month NAME OF DATE Year First Middia Last DECEASED (Typa or print) Robert Frederick Barrick DEATH July 19 66 ve Pages 1, with form P 2 with within AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED White Male Sept. 6, WIDOWED X DIVORCED [ event 10a. USUAL OCCUPATION (Give kind of work donal during most of working life, even if retirad) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT Give d COUNTRY? Retired U.S. Army Frederick, Maryland U.S.A. any pages in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William F. Barrick Elizabeth Ann Sigler File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes. no. or unkown) | (If yes give war or dates of service) permit. removal, W.W.#] W.W.#1 Robert F. Barrick, Route #4. Frederick, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c), 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Coronary occlusion DUE TO A.S. H. D. Conditions, If eny, which Years (b) gave rise to immediate DUE TO cause (a), stating the 40 underlying cause last. used as a to burial, (c) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X YES 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. DESCRIBE HOW INTERY OCCURRED. (Enter nature of Injury In Part I or Pert I) of Itam 18.) o p should lent, pri 3 shou agent, MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not Whila CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry and in my opinion pinous Undetermined manner Suicide Homicide death resulted from: Natural causes X, Accident CHIEF MEDICAL EXAMINER Your execute ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER for OL DEPUTY MEDICAL EXAMINER **EXAMINER'S** July 18, 1966 director. O. Thomas. Address (Street, city, town, or county) Sr. M. D. NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. 23c. NAME OF CEMETERY OR CREMATDRY of Mount Olivet Cemetery 11 10001 1000 REGISTRAR'S SIGNATURE 250. REGISTRAR'S SIGNATURE 0 Burial 1966 24. FUNERAL DIRECTOR VR ALSME (5) DATE Son. Frederick, Maryland Etchison 1/65

(93) 123 (11,00) (4,00) TO THE MALES AND A CONTROL OF THE PROPERTY OF The Light Hilly her F.C. South Street Street Street and the second of the second second second second is the second metholismo manneral  1(M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OQROS
CERTIFICATE OF DEATH

									100	0004	
PLACE OF DEAT     a. COUNTY					2. USUAL RESID			ed, If insti	Υ		admission)
	Frederick			YLAND		Maryl			Fred	lerick	
b. CITY OR TOV Write RURAL	VN (if outside corporate l and give nearest town)	imits,	c. LENCTH OF STA	Y IN 1b	c. CITY OR TOWN	i (if outside	e corporate i	lmits, writ	e RURAL en	d give neare	est town)
	Frederick		2 weeks		1573	Bruns	wick			0 - 1	
	SPITAL OR INSTITUTION				d. STREET ADDRE	SS				e. IS RE	SIDENCE FARM?
	erick Nursing	3 & Cc		r			· Poton			YES 🗌	NOX
3. NAME OF DECEASEO (Type or print)	First Emna		Middle	TO	Last ell		ATE F EATH	Month			ear
5. SEX		MARRIED	E.		. DATE OF BIRTH		19 ACE (	July n vears III	FUNDER 1 V	20-19	
Female	White	WIDOWED	_		Sept. 5-	1888	last b	rthday) N	Aonths   Da	ays Hours	
10a. USUAL OCCUPA	TION (Cive kind of work don king life, even If retired)	e   10b. KI	(IE.E.)		11. BIRTHPLACE		State, or foreig		12. CITIZ	ZEN OF WHA	T
Homemak	er	-	TOOSINI		Montgon	err C	0 Md	5506	000	U.S.A.	
13. FATHER'S NAM	ΛE				14. MOTHER'S M	ALDEN NA	ME			0.00	
	.L.Claggett				Henri	ette	Watkin	3			
15. WAS DECEASED (Yes, no. or unkown)	EVER IN U.S. ARMED FORC	ES?   16.	SOCIAL SECURITY NO	0. 17.	INFORMANT	14144		Address	Bruns	wick-h	Id.
No			0-26-2341	Mrs	. Donald	Musgr	ove-52	LE. I	Potoma		
18. CAUSE OF	OEATH [Enter only one c	ause per il	ne for (a), (b), and (						11	INTERVAL BI	ETWEEN
PART I. D	EATH WAS CAUSED BY:		Chause	-						ONSET AND	DEATH
1162	IMMEDIATE CAUSE (a)		april or on	ucc_	AND DE LA	300			1	200 /620	1
Conditions, If	any, which \ DUE TO		Condition	,					WELL.		
gave rise to	immediate (		Ser - Con								
cause (a), s underlying cau											
PART II. OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SICNIFICANT CONDITIONS	CONTRIBU	TING TO DEATH BUT	NOT RELA	TED TO THE TERMIN	AL DISEASE	CONDITION	IVEN IN PA	ART 1(a)	PERFO	UTOPSY RMED?
20a ACCIDENT	WAS UNDERLYING	1 20b. D	ESCRIBE HOW INJU	IDA UCCIII	DDED (Enter natur	o of Inlury	in Part I or	Part II of	Itom 18)	YES [	NO X
OR CONTRIBUT	ING CAUSE OF DEATH	200.	ESCRIBE HOW INJU	iki occui	TRED. (Enter natur	e or mjury	III FAIL I OI	rait ii oi	110111 10.)		
징 20c. TIME OF	INJURY Month, Day, Yea	r   20d. 11	NJURY OCCURRED	20e. PLAC	E OF INJURY (Home	e, farm, 2	Of. (City or	town)	(County	y) (	(State)
ZOC. TIME OF Hour a.	m. m. 19	While at work	Not While	tactor	y, street, office blds	g., etc.)					
	fy that (I) (this hospita			from		1965	to_7-	20-	. 1966	, that (I) (	we) last
	ceased alive on	ul.	1966	and that	death occurred a	at 6:05	A. Arom the	causes a	nd on the	date state	d above.
22a. SICNATU		1							22b. DATE		
14	- am	ation	An st	1/M.D.	ATTENDING X	MED. DIRECT	OR PHY		July	20-196	56
22c. PRYSICT			1 1000	Hug	122d. ADDRESS	3					
NAME (T	Dr. Robe:	rt S.	Hughes		700 Mon	tclai	re Ave.	-Free	derick	-Md.	
23a. BURIAL, CREM REMOVAL (Sp	MATION, 23b. DATE THE	REOF	23c. NAME OF C	EMETERY	OR CREMATORY	230	LOCATION	(City, tow	n or count	y) (S	State)
Burial	July 23-	1966	Mt. Olive	t Cen	etery		Freder	ick-	Md. 27	701	
24. FUNERAL DIR	ECTOR On		ADDRESS'	18:4		REC'D BY	RECISTRAR	25b. REC	ISTRAR'S S	SICNATURE	
M.R.Etc	hison & Soft	ord	Frederick	-Md.2	1701 DATE	UL 2	5 1966	goi	ianle	Juda	e

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Any event, within 72 hours after death, executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

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	proof to if some $(b_i \circ g)$ in the first heads	
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filler all statement to reclaim	day 250 - 411 - be	Partial Valv 22-19
THE RESERVE OF THE PROPERTY OF	Parising N. E.	T. H. Trontmore, R. St.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Frederick Maryland Frederick 事2年 MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva nearest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give straat address) d. STREET ADDRESS a. IS RESIDENCE 804 Shawnee Drive ON A FARM? 804 Shawnee Drive YES NO K 3. NAME OF First Middle Last 4. DATE Month Day Yaar DECEASED OF (Type or print) MAY BOYER DEATH HELEN July 19 66 withi 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) event Female WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if ratired) None Frederick County, Md. nomemaker U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emory B. Lease Estelle Burrier 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or dates of service) No Mr. Merhl T. Boyer 804 Shawnee Dr. Fred. Md. XXXXXXXXXX None 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X prior 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of Itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | Month, Day, Yeer 20e. PLACE OF INJURY (Home, ferm. 20f. (City or town) (County) (State) factory, straet, office bldg., atc.) While Not While Hour a.m. ō at work at work p.m. P...M, from the causes and on the date stated above 19 Colo, and that death occurred att. saw the deceased alive on. 22b. DATE ATTENDING SIGNED 7-7-1966 death. Page 4 PHYS. DIRECTOR PHYS. M.D. HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Dr. Charles H. Conlev. M.D 228 North Market Street Frederick, Md. ector, filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) O.F. & Mount Olivet Cemetery Frederick, Maryland Buria FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland DATE JU VR A15 (4) 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09889 **CERTIFICATE OF DEATH** 09897 Rea. Dist. No with directar death. Page PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE filed b. COUNTY MARYLAND Frederick MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write pe c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) pino Ijamsville vear BALTIMORE rural d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5307 FERNPARK AVENUE #7 Riggs Hospital YES NO pup .= NAME OF Middle 4. DATE Month Day filled DECEASED PHYSICIAN: The law requires that the death certificate be executed within 24 July 66 (Type or print) Chipman DEATH 19 Anna 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED campletely Manths Days Hours WIDOWED X DIVORCED [ White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? death. during most of warking life, even if retired) Hswife ond BALTIMORE. MARYLAND AT HOME LISA carban offer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician **网络新加州** Jacobson Harry Macht remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address 72 attending MR. NOLAN P. CHIPMAN. 408 JEFFERSON BLDG. #4 no within , 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Arteriosclerotic Heart Disease DUE TO any Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stating the underand lying couse last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TX none 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m While Not while at work ot work After 21. I certify that I attended the deceased from Sept 19 6 hat I last saw the deceased 1966, and that death occurred at 12.11M, from the causes and on the date stated above. SR: ADDRESS (Street, city ar tawn, stote) DATE SIGNED PM ACTUAL prior SIGNATURE may be retained FUNERAL DI 3 shauld TO HOSPITAL PHYSICIAN'S Joseh Lerner I jams ville Md. NAME (Type) 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (Stote) page BALTIMORE, MARYLAND 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR VS A15 (4 LEVINSON & BROS. INC. 6010 REISTERSTOWN 15M 9/5B

THE MARKET OF WAY TO SEE THE . W. A. Doga Die

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) e. COUNTY Frederick b. COUNTY Maryland the ath. MARYLAND Frederick by th and death b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAF and give neares town) Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 708 North Market St. Frederick Memppial Hospital YES NO 3 papers. NAME OF Middle Last 4. DATE DECEASED MARY CRUTCHLEY (Type or print) ELLEN 13. DEATH July 19 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Tast birthday) Female 1892 Mav WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Nursing Home Owner of Nursing Home Frederick County. Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Wesley Rodgers Sarah Naille 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) Mrs. Daniel C. Poole Jefferson. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave rise to immediate cause (e), stating the underlying CERTIFICATION PERFORMED? NOV K prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work et work 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on .. 19 .. .. and that death occurred at AM, from the dauses and on the date stated above ATTENDING 22a. SIGNATURE 22b. DATE 7-13-1966 DIRECTOR PHYS. death. Page 4 page with t 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. LeRoy T. Davis M.D. 228 N. Market Street Frederick. Md. 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) P g. Frederick. Maryland Mount Olivet Cemetery 7-16-1966 Burlal 24 FUNERAL DIRECTOR'S STONATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland 1966 20M 5-63

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
09899	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH	-0989

COODS	FIGALE OF DEATH
1. PLACE OF DEATH a. COUNTY Frederick	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admissi a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Frederick  Life	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree  Mentevue Infirmary	d. STREET ADDRESS  232 East Church Street  O. IS RESIDEN ON A FARM YES \[ \] NO
3. NAME OF First Middle OECEASED (Type or print) WILLIAM HENRY	DAVIS   4. DATE   Month   Day Year   DAVIS   DEATH   July 14, 1966
5. SEX   6. COLOR OR RACE   7. MARRIED X   NEVER MARR   Male   White   WIDOWED   DIVOR	CED 24 May 1902 last birthday) Months Oays Hours Mi
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  Retired—Owner & Operator  Taxi Busing	ess Frederick, Md. COUNTRY? U. S.
13. FATHER'S NAME  John N. Davis	14. MOTHER'S MAIDEN NAME Florence A. Wastler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  No 220-05-107:	/ Frederick Ave.
2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PERFORMED YES NOT
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED Hour a.m.   While   Not While   at work   at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased	d from, 195 to, 195 to, 195 to, that (I) (we) I, and that death occurred at, from the causes and on the date stated about, and that death occurred at, from the causes and on the date stated about, and that death occurred at, from the causes and on the date stated about, and, and, and, and
DEMOVAL (Chapter)	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  Colivet Cemetery Frederick, Maryland
M. R. Etchison & Son, Frederick,	DATE JUL 18 1966 ACharles Juage

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY a. STATE b. COUNTY oon papers. Pages 1 within 72 hours after Frederick MARYLAND Maryland Frederick
c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 24 hours Rural - Feagaville Rural - Feagaville = Years d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Route # L Frederick Route # 4. Frederick ND X executed within nod NAME OF First Middie Last DATE Month Day Year DECEASED (Type or print) 8 19 66 Elizabeth DEATH July Easterday Eleanor 6. COLDR DR RACE | 7. MARRIED and cor remove any eve SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED Jast birthday) | Months | Days Hours January 29,1902 Female White WIDDWED DIVORCED ettending physician a ermit. Then please re on, or removal, and in 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be INDUSTRY COUNTRY? Frederick County, Md. U. S. A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Brandenburg William G. Shafer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attenctransit permit, cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no, or unkown) | (If yes give war or dates of service) D Miss Virginia Easterday (Same as item #2) 16,0586 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. been signed the burial-transfer to burial, cre IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate h hed for use t. of Health p PERFORMED? ND PE YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work 21. I certify that (I) (this hespital) attended the deceased from saw the deceased alive on. 2. and that death occurred at 2M, from the causes and on the date stated above. 3 showith 22a. SIGNATURE 22b. DATE SICNED ATTENDING PHYS. MED. DIRECTOR July 9, 1966 M.D. TO FUNERAL director, pa should be fil PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) 700 Montclaire Ave. Frederick, Md. Robert S. Hughes. M. 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMDVAL (Specify) Lukes/Lutheran Cem. Burial em. Feagaville, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles Etchison & Son, Frederick, Maryland DATE 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH plughs 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY ₽°2 Frederick Maryland Frederick MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest town) write RURAL end give neerest town) filled in Pages 1 hours after Emmitsburg -Rural Rural - Emmitsburg Life d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? completely papers. Own Home YES NO 72 3. NAME OF First Middle 4. DATE Month Yeer DECEASED OF C (Type or print) DEATH Mary Genevieve Eckenrode 1966 withi carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR and 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months WIDOWED | DIVORCED Female physician remove 10e, USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Housewife Frederick. U.S.A. Themplease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Eckenrode Mar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Margaret Roddy Rural (Yes, no, or unkown) | (If yes give we ror detes of service) Miss. Bertha Eckenrode Emmitsburg Ma attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ad by the hospital or attending physicial After this certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY Portion descess IMMEDIATE CAUSE (e) cremation burial-transit DUE TO Conditions, if env. which geve rise to Immediata ceusa burial, DUE TO (a), steting the underlying the (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1.19. WAS AUTOPSY detached for use as 0 CERTIFICATION PERFORMED? prior NO X 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of item 18.) of Health OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) may be retained by DIRECTOR: After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, streat, office bldg., atc.) Not While Hour a.m. State Dept. at work et work 19 p.m. 9 21. I certify that (I) (this hospital) attended the deceased from. 192, that (I) (we) last plnods M. from the causes and on the date stated above. .. 19. C. and that death occurred at. saw the deceased alive on..... 22e. SIGNATURE DATE ATTENDING SIGNED HOSPITAL FUNERAL page with # DIRECTOR PHYS. PHYS. Page M.D. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) Emmitsburg. W.R. Cadle 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stete) कृ कु REMOVAL (Specify) July 18.1966 Stanthony Rural Emmitsburg Buria] 24 FUNERAL DIRECTOR'S SIGNATUR **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Thurmont. Md. VR A15 (4) 20M 5-63

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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a	LACE OF DEATH		MARYLAND	a CTATE	E (Where deceased lived, If instit yland b. COUNTY	tution: Residence before admission) Y Frederick
	c. CITY OR TOWN (If ou write RURAL and giv rederick			Tuscar	outside corporate limits, write	PRURAL end give nearest town)
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D	AME DF DECEASED	First	Middle	Last	4. DATE Month	Day Year
5. S	Type or print)	NORMAN		FAIRALL		uly 23, 1966
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durin	JSUAL OCCUPATION (Given most of working life, as a second with a second	, even if retired)	Ob. KIND OF BUSINESS DR INDUSTRY age Business	Laurel, M	ounty & State, or foreign country)  aryland	12. CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME illiam Fair	ali		Sophie Ma		
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Y	no, or unkown) (If yes o	WI	217-91-7596 M	lrs. Elizabet	h Fairall (Same	as item #2)
1			per-line for (a), (b), and (c).]		/	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (a)	Julmanay	concertin	Muliare	dap-
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	Conditions, if any, wi		Grove pull	Monary on	Heliperico-	gear
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CERTIFICATION	PART II. OTHER SIGNIFIC	CANT CONDITIONS CON	TRIBUTING TO DEATH BUTNOTRE	LATED TO THE TERMINAL I	DISEASE CONDITION GIVEN IN PA	PERFORMED? YES NO
	20a. ACCIDENT WAS UP OR CONTRIBUTING () C (IF EITHER, NOTIFY ME	DERLYING 20 CAUSE OF DEATH EDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of	injury in Part I or Part II of i	ltem 18.)
MEDICAL	Oc. TIME OF INJURY Hour a.m. p.m.	V	Od. INJURY DCCURRED 20e. PL While Not While at work	ACE OF INJURY (Home, fa tory, street, office bldg., e	rm, 20f. (Clty or town)	(County) (State)
		(I) (this hospital) at	tended the deceased from			, 19/66, that (I) (we) last nd on the date stated above.
	SIGNATURE CAN	reop. The	76-22-	.D. ATTENDING		22b. DATE SIGNED  23 July 1966
2	PHYSICIAN'S NAME (Type)	ames B. The	mas, M. D.	22d. ADDRESS 228 N. Ma	rket St., Frede:	rick, Md. 21701
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETER		23d. LOCATION (City, tow Frederick, Ma	
24.	FUNERAL DIRECTOR	Heart A	AUDRESS - Un		C'D BY REGISTRAR   25b. REG	
1	M. R. Etchi	sen & Sen,	Frederick, Ma.	21701 DATE J		Charles Judge

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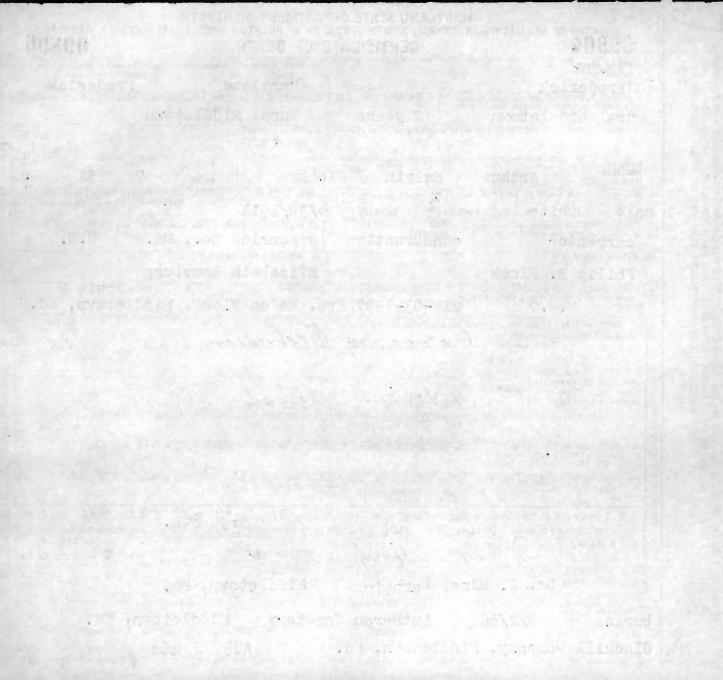
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporete limits, write RURAL end give nearest town write RURAL and give nearest town) WOODS BORO 500 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🗍 NO D 3. NAME OF First Middle last 4. DATE Month Day DECEASED OF FILLER 1966 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 5. SEX AGE (In years | IF UNDER 1 YEAR last birthday) Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13 FATHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or dates of service) WOODSBORD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO geve rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) Month, Dev. Year (County) fectory, street, office bldg., etc.) While Not While MEDI Hour a.m. at work et work ......, 1966, that (I) (we)-last saw the deceased alive on. ATTENDING 22b. DATE 22a. SIGNATURE STAFF SIGNED MED DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN'S Wallenvelle, his. 23a, BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stete) (Specify) 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7-62

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deato	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIOENCE (Where deceased lived, If Institution: Residence before admission
	Frederick	a. STATE Maryland b. COUNTY Frederick
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	Braddock Heights Since-May. 6	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	II ON A FARM?
0	Jeffersen Blvd.	Jefferson Blvd.
	UFLIFASED	USHOURLast 4. DATE Month Day Year
	(Type or print) Hawll  5. SEX 6. COLOR OR RACE IT MADDIST TO MEDIST MADDIST	FRUSHULLA DEATH JULY 12, 1966
	7. WARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HR:   last birthday)   Months   Days   Hours   Min.
	Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done   10b, KIND OF BUSINESS OR	9 Dec 1904 61 yrs.
	during most of working life, even if retired) INDUSTRY	COUNTRY?
	Self-employed General Insurance Busin 13. FATHER'S NAME	es\$ Lewistewn, Md. U. S.
	Ulysses G. Frushour	Catherine R. Main
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16 SOCIAL SECURITY NO. 1	7. INFORMANT Address
	(Voe no or univous) ((fiver nive wares detected coming)	rs. Kathryn S. Frushour (Same as item #1)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	_   INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	145/X DUST (a) Coracle	) any react
	Cenditions, If any, which ) DUE TO Rushuel	Dissective Clothe Uneurism
	gave rise to Immediate cause (a), stating the DUE TO	0 A: 1.00 0 1
	underlying cause last. (c) Desparting	Cyslic (Thatal (Vecrosis
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIDUTING TO DEATH BUT NOT BE CONTRIBUTING DEATH BUT NOT BE CONTRIBUTING DEATH CONTRIBUTION DEATH CONTRIB	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
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	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a.m. While at work at work at work	PLACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from.	Jane ( J., 1960, to July (2, 1966, that (1) (we) las
8	saw the deceased alive on 7-// 1966, and	hat death occurred at 12:05, From the causes and on the date stated above
	01 11 -	M.D. ATTENDING MED. STAFF 22b. DATE SIGNED  M.D. PHYS. DIRECTOR PHYS. 7726
	22c, PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 17-72-6
/	NAME (Type) Thomas STO NE-	Prederich MD
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMET	ERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
X	Burial 7/14/66 Mount Olive	
2	24. FUNERAL DIRECTOR HADDE ASSESSED BOOKERS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
K	M. R. Etchisen & Sen, Frederick, Md. 2	1791 DATE JUL 14 1966 Scharles Judge

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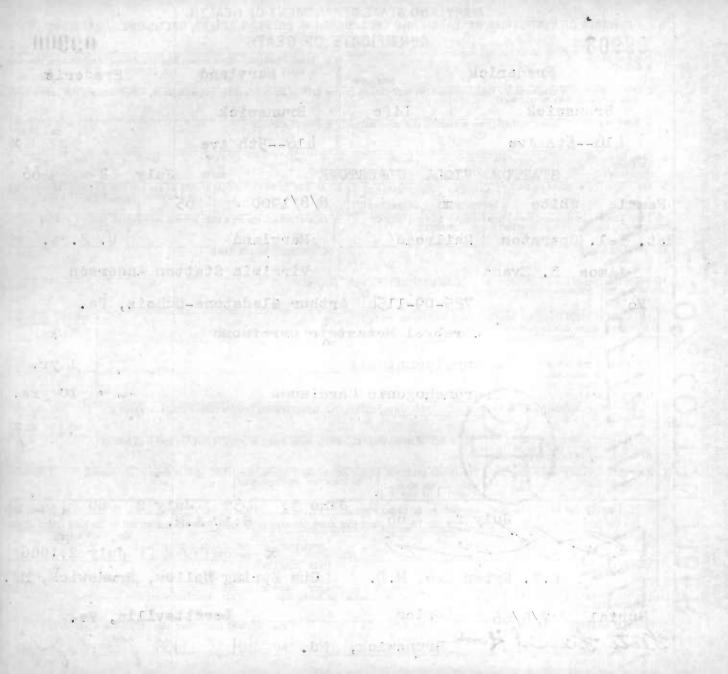
M. S. Broken Clerk Die erlot, 16. Street ... ... Denkurs ...

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick b. COUNTY Frederick a. STATE Maryland by the formal Pages 1 urs after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Brunswick Brunswick bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 116--5th Ave 416--5th Ave NO X within carbon 3. NAME OF First Middle Last DATE Month DECEASED event, 1966 comple STATTON July 2 (Type or print) VIOLA GLADSTONE DEATH 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH етоме 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 9. birthday) Months | Davs and Female White WIDOWED X DIVORCED [ = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician and physician and physician and physician and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Railread Maryland S. 13. FATHER'S NAME Operator death certificate MOTHER'S MAIDEN NAME Virginia Statton Anderson Evans Amos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Arthur Gladstone-DuBois. Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH The law requires that the PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Metastai the hospital or attending physician. C Carcinoma WKS burial-ti burial, DUE TO Conditions, If any, which Carcinomatosis 1 yr. gave rise to immediate prior to **DUE TO** cause (a), stating Bronchogenic Carcinoma vrs. underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO X YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work June July 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 66 and that death occurred at 8:100 from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED Page 4 may be July 2,1966 DIRECTOR MD PHYS. TO HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Byron Kao. M.D. Gum Spring Hollow, Brunswick, Md. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Union Lovettsville FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AI5 (4) Brunswick Md. DATE 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	09909		CERTIFICA	TE OF DEATH		09901
1.	PLACE OF DEAT	Frederick	MARYLAND	- OTATE	E (Where deceased lived, If institution of the country of the coun	Iution: Residence before admission) YFrederick
	b. CITY OR TOW	/N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1	c. CITY OR TOWN (If	outside corporate limits, write	e RURAL and give nearest town)
		Frederick	19 years	Du	ndalk Fultim	30.4
	d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street addres	d. STREET ADDRESS	1.55	e. IS RESIDENCE ON A FARM?
-		Odd Fellows Home	е	819	9 McKim St.	YES ND X
	NAME DF DECEASED (Type or print)	First Etta		Last Lashoff	4. DATE Month DF DEATH July	Day Year 9- 19 66
5.	SEX	6. COLOR OR RACE 7. MARRIEI	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years III last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.
-	'emale	White WIDOWEL	Trans.	May 1- 1887	19 yrs.	
10a	. USUAL DCCUPAT	IDN (Give kind of work done   10b. ing life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Homema	ker		Pawtuckett	t-Rhode Island	U.S.A.
13.	FATHER'S NAM	E		14. MOTHER'S MAID	EN NAME	
	Ge	eorge Mercer		Jane Ar	nn Bates	
15. (Ye	WAS DECEASED	EVER IN U.S. ARMED FDRCES?   16	S. SOCIAL SECURITY NO.   17	. INFORMANT	Address	
			None M	d. Odd Fellow	vs Home- Freder:	ick. Md. 21701
1	18. CAUSE DF	DEATH [Enter only one cause per				INTERVAL BETWEEN
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	neumor	tis		ONSET AND DEATH
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	Conditions, If		in betin	mos. Tin		Trans
	gave rise to	immediate	·	· -unce		
	cause (a), si underlying caus	tating the				
NO.		SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a)   19. WAS AUTDPSY
CERTIFICATION						PERFORMED? YES NO 🔀
Ē.	2Da. ACCIDENT	WAS UNDERLYING   20b.	DESCRIBE HOW INJURY DO	CURRED. (Enter nature of	Injury In Part I or Part II of	
CER	OR CONTRIBUTI	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)			,,	
			INJURY OCCURRED   20e. P	LACE OF INJURY (Home, fa	rm,   20f. (City or town)	(County) (Slate)
MEDICAL	Hour a.n	n. While	Not While fac	tory, street, office bldg., et	tc.)	(Ocano)
Σ.	p.r			2.	1 0 1 6	1.0
		y that (I) (this hospital) attend	ded the deceased from_2	707. 19		, 1966, that (I) (we) last
	saw the dec	ceased alive on July	<u> 19 6</u> c, and th	at death occurred at		nd on the date stated above.
	ZZa. SIGNATUR	Desid		ATTENDING M		
	22c. PHYSICIA	IN'S	nae N	I.D. PHYS.	MED. STAFF PHYS.	July 10-1966
	NAME (T)		s-Sr.		cres- Frederick	. Md. 21701
23a.	. BURIAL, CREM		1 23c. NAME OF CEMETE		23d. LOCATION (City, tow	
238.	REMOVAL (Spe	ecify)				
24.	Burial FUNERAL DIRE	July 13-1966	The Oak Lawn		Baltimore Cou	nty-Mary Land
2-7.		tchison & Son-	Frederick. M			Charles Judge

VR A15 (4) 2DM 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 09910 deoth. requires that the deoth certificate be executed within 24 hours after death. ond completely filled in by the funeral remove corban papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY District of Columbia MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) autside corporate c. LENGTH OF STAY IN 1b write RURAL and give negrest town Washington d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 5217 Sherrier Place N.W. NAME OF Middle DATE Doy Year DECEASED 19 66 (Type or print) DEATH S. SEX AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE X B. DATE OF BIRTH NEVER MARRIED last birthdoy) Months Hours Doys WIDOWED July 27.1896 in ony DIVORCED 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? the attending physician sit permit. Then please 13. GATHER'S NAME 14. MOTHER'S MAIDEN NAME or remov 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service cremotion. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUF TO stating the underlying couse hos been os the prior to last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION should be detoched for use with the State Dept. of Heolth NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not While of work 21. I certify that (I) (this hospital) attended the deceased fram 0 Z8, 1965, ta 11, 1966 that (1) (ave) last saw the deceased alive an June 27 19 66, and that death accurred at 9 20 M, from causes and an the date stated above. O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Frederick. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (State) (County) 7-13-66 Mount Olivet Washington, 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) FrancisJ.Collins 3821 14thSt.NW WashDC DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, 1f institution; Residence before admission) a. CDUNTY b. COUNTY by the f Pages 1 after Frederick Carroll MARYLAND Maryland b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Frederick Ξ Mt. Airv bon papers. within 72 hc d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE 24 ON A FARM? Frederick Memorial Hospital YES NO Route within completely carbon 3. NAME DF Middle Last 4. DATE Month Day DECEASED event, 1 (Type or print) DEATH 19 executed remove 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years LIFUNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED TV NEVER MARRIED last birthday) Months I Davs any Hours and Dec. 26, 1899 WIDOWED DIVDROED Ξ 10a, USUAL DCCUPATION (Give kind of work done I 12. CITIZEN OF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician ease death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? and Housewirfe attending phys srmit. Then ple n, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Thomas J. Gunn Nannie Zerbucher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT 17. Address permit. (Yes, no. or unkown) | (If yes give war or dates of service) cramation, None Roland Gosnel Same the 18. CAUSE DF DEATH [ Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the al-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed 7 DUE TO buri Cenditions, If any, which peen gave rise to immediate 中中 DUE TD cause (a), stating the Drior underlying cause last. SB (c) PHYSICIAN: The law CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY Health PERFORMED? certificate YES NO 0 this cerum detached for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. TOR: After should be d While Not While ATTENDING at work p.m. at work retained DIRECTOR: A 21. I certify that (I) (this hospital) attended the deceased from 1966 M, from the causes and on the date stated above. 19 66, and that death occurred at 9 saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 1 MED. STAFF page DIRECTOR M.D. TO HOSPITAL FUNERAL 22c. PHYSICIAN'S ADDRESS director, p should be NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) a vlorsville Cemetery Carro FUNERAL DIRECTOR ADDRESS 24. REC'D BY REGISTRAR I 25b. Sykesville, Md. Waltz Box 241 VR A15 (4) DATE 20M 1/65

The Compact of Land French 

210	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATEVE	09912 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before sdmission) a. STATE b. COUNTY
Fig g H	Frederick MARYLAND  b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  write RURAL and give nearest town)  ### ARYLAND    Maryland   Maryland   Frederick   C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
reessary, funeral may be partment ir death.	
ffe 5	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Page 13 t	388 Catoctin Ave YES NO
ny de 2, and M3. the S 72 ho	3. NAME OF First Middle Lest 4. DATE Month Day Year DECEASED (Type or print) Charles William Gray DEATH July 70 1966
ith. If an form Plear Port Plear Ple	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ath.	Mole Negro WIDOWED N DIVORCED 3-18-1881 85 VIS.
ive F with with even	Male Negro WIDOWED X DIVORCED 3-18-1881 85 yrs.  10a. USUAL OCCUPATION (Give Mind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Waryland  U.S.A.
ours after deat m 18. Give Pag e along with pages 1 and 2	arm Laborer ******   Maryland   U.S.A.
A bour	Allen Gray Hester Palmer
n 24 l in 4 s Off ral, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md
within a pencil ir miner's permit.	Yes WWL None Hester Sappington 388 Catoctin Ave  18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]  PART   DEATH WAS CAUSED BY.  ONSET AND DEATH
uted "in Exam sit or	IMMEDIATE CAUSE (e) Congestive Heart Fareura
d be executed "pending" in Medical Exa burial-transit sremation, or	Conditions, If any, which Due TO Orterosclerate Heart Duscase
ld be execu "pending" f Medical I burial-tran cremation,	gava rise to immediata causa (a), stating the DUE TO
shoul word Chief as a rial,	underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
ficate shoul the word o the Chiel used as a to burial,	PERFORMED?  YES NO
ting ling of to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CAUSE OF DEATH.
R. This certificate, writing forwarded to 3 should be agent, prior	
icate for for for for for for for for for for	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4   4   4   4   4   4   4   4   4
AMIN Sertiff Page nated	21. I certify that I took charge of the remains described above, held an Autopsy 🗾, Inspection 🐧, Inquiry 🧗, and in my opinion
the ce shoul files.	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner .
EDIC Surfe age 4 your your its	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER [ 22. DATE SIGNED
RAL TO BE	EXAMINER'S B. O. That we seek. W. S. Address (Street, city, town, or county)
O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 bours after death. If any del please execute the certificate, writing the word "pending" in pencil in flem 18. Give Pages 1, 2, and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. retained for your files.  O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the SI of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 ho	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
Page 5	Burial 7/13/1966 Fairview Frederick Md  24. FUNERAL DIRECTOR ADDRESS   25a. REC'D BY REGISTRAR; 25b. REGISTRAR'S SIGNATURE
VR ALSME (5)	C.E. Hicks, 111 Frederick, Md DATE JUL 13 1966 golden Judge
5M 1/65	V T T AND SALE A A V V T AND SALE SALE SALE SALE SALE SALE SALE SALE

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Boltsbark.				Notes to 11
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in Any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OS 913
CERTIFICATE OF DEATH

00010		CERTIFICATI	C OF DEATE			(1)	331	10	
1. PLACE DF DEAT a. CDUNTYF1	ederick	MARYLAND	2. USUAL RESIDENCE a. STATEMARY		ased lived, If ins b. COUN	stitution: Re	ler:	before ad LCK	mission
b. CITY DR TOV	N (If outside corporate limits,	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (IF Rural, Kr				and giv	e neares	t town)
	SPITAL OR INSTITUTION (If not in h rick Memorial		d. STREET ADDRESS					ON A F	
3. NAME OF DECEASED (Type or print)		LOUISE GRO	OOM Last	4. DATE OF DEATH	Month 9	h	Day 24	Yea	
F.	6. CDLDR DR RACE 7. MARRIED WIDOWED	134 KEYEK MAKKIED	9-I4-I4	9.	AGE (In years last birthday) yrs.	Months	Days	Hours	Min.
IDa. USUAL DCCUPA during most of work HOUSOW	TION (Cive kind of work done 10b. in his life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co		or foreign country	12. CI	UNTRY	F WHAT	
13. FATHER'S NAM  John F	rancis Brown		14. MOTHER'S MAIL		rine M	athev	vs		
15. WAS DECEASED (Yes, no, or unkown)			INFORMANT enry Owen		Addre	ss		. Rt	·I
	any, which immediate tating the DUE TO	cheto, Mel		lent				YAL BET T AND C	
20a. ACCIDENT	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA  DESCRIBE HOW INJURY OCCU					YES	WAS AU PERFORI	TDPSY MED? NO
	INC CAUSE OF DEATH								
Hour a.		MOT MULLE	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (0	City or town)	(Cour	nty)	(S	tate)
saw the de	fy that (I) (this hospital) attend ceased alive on		death occurred at	9, to_ M, froi	n the causes	and on th	e date	stated	
22a. SIGNATU 22c. PHYSICI. NAME (T	austin Learns		ATTENDING PHYS.	MED. DIRECTOR [	STAFF PHYS.  Md.	22b. DA	TE SIC	NED	
23a. BURIAL, CREMENTAL (SP Buria		St. MarysC		Pet	ation (city, to ersvil	Le	Me	d.	ate)
24. FUNERAL DIR	ECTOR Nones	APORESS 1	6 MARTE J	UL 26	1966 R	EGISTRAR'S	S SICNI	Jud	ge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Pages 1 after 6 b. COUNTY after Frederick Maryland Frederick MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b hours Frederick years Frederick Ξ. papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS within Monroe Avenue Monroe Ave. within etely pon NAME OF First Middle DATE Month Last DECEASEO DF and comple remove carb Charles Malcom (Type or print) Handley DEATH July executed 6. COLOR OR RACE | 7. MARRIEO 8. OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months I Male White WIOOWEO DIVORCED [ May 25- 1898 68 10a. USUAL OCCUPATION (Give kind of work done ) 10b. KINO OF BUSINESS OR INOUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease pe during most of working life, even if retired) and Route Man Retail Dairy Montgomery Co. Md. certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME removal, attending parmit. Then Charles Franklin Handley Sarah Hempstone 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address Frederick.Md. 17. INFORMANT the attended to permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) 219-07-8831 Mrs. Ida M. Ramsburg-213A Monroe Ave. cremation, No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by burial-transit burial, crem PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ? ACUTE CORONARY THROMBOSIS ARTERIOSCLEROTIC HEART DISEUSE requires bur Conditions, If any, which (b) the bu gave rise to immediate DUE TO cause (a), stating has be as the prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health certificate PHYSICIAN: the hospital 20a. ACCIOENT WAS UNDERLYING ☐ OR CONTRIBUTINC ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part || of Item 18.) o d detached e Dept. ( TIME OF INJURY Month, Oav, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. at work at work D 21. I certify that ((1) this hospital), attended the deceased from DIRECTOR: age 3 should lied with the from the causes and on the date stated above. saw the deceased alive on. and that death occurred at 22b. OATE SIGNED 22a. page filed MED. M.O. PHYS. DIRECTOR FUNERAL PHYSICIAN'S **ADDRESS** 22c. 22d. director, p NAME (Type) Dr. Richard C. Reynolds Toll House Ave .- Frederick Md. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23b. OATE THEREOF 2 Frederick, Md. 27-1966 Mt. Olivet Cemetery Burial 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE 24. FUNERAL OIRECTOR M.R. Etchison & Son 1966 Frederick,

MARYLAND STATE DEPARTMENT OF HEALTH

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Division CEDTIFICATE OF DEATH

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		PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceose	ed lived, if institu	tion: Residence	e before odmi	ssion)
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		Female	White	WIDOWED [	DIVORCED		larch 13-188	36	lost birthdoy) yrs.	Intollins	1100	,
			N (Give kind of work done		D OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or for	eign country)		ZEN OF WHAT	
100	auri	Homena	life, even if retired) <b>ker</b>	- UNI	USTRY		Frederick	c Count	y- Md.	COU	U.	S.A
7	13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
C	1	L	ewis Staley			112	Not availab	ole				
		WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 50	OCIAL SECURITY NO.	17, 18	NFORMANT		Addr	ess	363 03	207
	(Ye	s, no, or unknown) No	(If yes give wor or dotes o	t service)	4-10-1536	ATh	ert W. Harr	-ie_870	Motter	A770	Md.21	101
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		PART I. DE	ATH WAS CAUSED BY:		newar	11	acelus	ien			ONSET AN	
		420	/ IMMEDIATE CAUSE	. ,	70 000 000	7					1000	-//
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	230	. BURIAL, CREMATI	w) .		23c. NAME OF CEMET				ATION (City or To		(County)	(Stote
0		REMOVAL (Specif		1966	Pleasant	Hill			Freder			
do	24	. FUNERAL DIRECT	chison & Sor	T	ADDRESS	utn	4070	D BY REGISTRA		EGISTRAR'S SIG	GNATURE	,
189		M.R.Et	chison & Soi	1	Frederick	, Md	• DATE	JUL	1 1966	Luca	rees for	ung

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**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSSIT CERTIFICATE OF DEATH

PLACE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss-

	4/1/ 1/
1. PLACE DF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Frederick MARYLAND	A STATE B. COUNTY Maryland Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural - Jefferson Years	Rural - Jefferson / / /
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  6. IS RESIDENCE ON A FARM?
Route #1, Jefferson	Route #1, Jefferson YES NO X
3. NAME DF DECEASED (Type or print) Norman William H:	imes   4. DATE   Month   Day Year   OF   DEATH   July 8, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.
Male White WIDOWED DIVORCED A	August 12, 1906 55 birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)  Plasterer  10b. KIND OF BUSINESS OR INDUSTRY Constuction	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Jefferson, Frederick, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Henry Himes	Lucy Corun
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
	s. Hazel Hime, Same as Item #2
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conjective h	earl a lune ONSET AND DEATH
4200 DUE TO	
Conditions, If any, which DUE TO art co- Jeleno	1.e heart disease
gave rise to immediate (	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE PART II. OTHER SIGN	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO   NO
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLAC factor while p.m. 19 at work at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from I	une 21 , 19 65, to Dune 30 , 19 65, that (1) (we) last
saw the deceased alive on June 30 19 56, and that	death occurred at M, from the causes and on the date stated above.
228. SIGNATURE HUPELLO M.D.	ATTENDING MED. STAFF - Tooler 0 1066
22c. PHYSICIAN'S NAME (Type)  Joseph Secondari, M. D.	22d. ADDRESS Boonsboro, Maryland
23a. BURIAL, CREMATION 1 23b. DATE THEREOF 1 23c. NAME OF CEMETERY	
Burial July 11, 1966 Reformed Ceme	tery Jefferson, Maryland
24. FUNERAL DIRECTOR ADDRESS TO A LOCALITY OF THE PROPERTY OF	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
M. R. Etchison & Son, Frederick, Maryla	and DATE JUL 12 1956 Minutes Judge.
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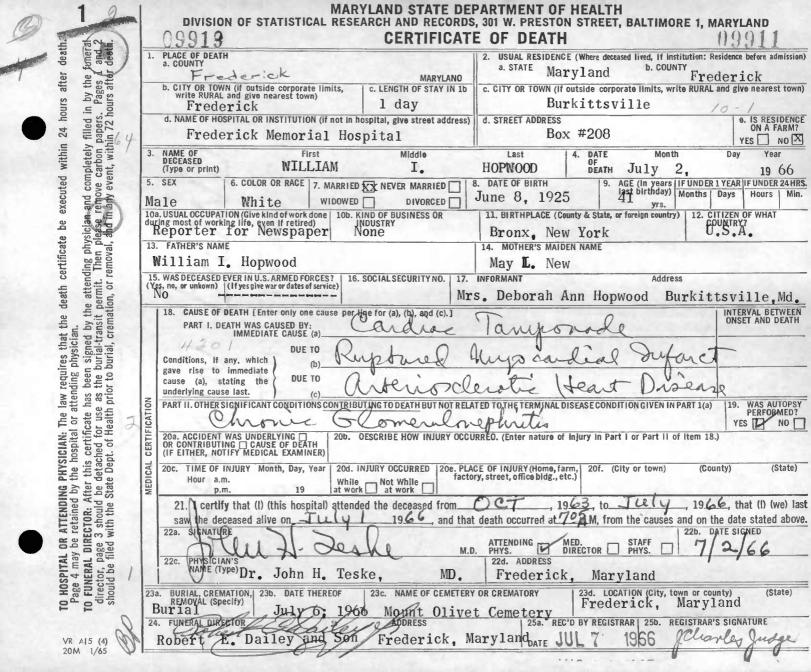
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201	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	09913 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEET.	1. PLACE OF DEATH a. COUNTY Frederick  2. USUAL RESIDENCE (Where decreased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
sary, neral y be ment eath.	D. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
delay cessary and 3 to the funeral Page 5 may be State Department hours after death.	Brunswick  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  B&O Railroad Shop  Burkittsville RURAT.  o. Is residence on a farm?  yes \( \text{NO PA} \)
dela 3. P 3. P 2. hou	3. NAME OF First Middle Last 4. DATE Month Day Year
any of PM3.	(Type or print) LUTHER COLUMBUS HOLLAND DEATH / 6 19
th. If al form P form P within	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
r dea /e Pa with and went	10a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
after after one one	Retired employeeB&O Railroad Maryland U.S.A.
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24 ho n Iten Office File	Luther Dorsey Holland Anna Rebecca Brooks  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address (Yes, no, or unknown)   (If yes give war or dates of service)
I within pencil ii miner's permit.	no 705-IO-2748 Marie A. Holland Washington D.C.
n per amin t per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ]  PART I, DEATH WAS CAUSED BY:  ONSET AND DEATH
uld be executed i "pending" in if Medical Exan a burial-transit cremation, or	DUE TO Acute and Ahronic alcoholism
e exi endir edica rial-ti matic	Conditions, if any, which gave rise to immediate (b)
uld b d "p d "p ef M a bu	cause (a), stating the DUE TO
ficate shoul the word o the Chiel used as a to burial,	(c)
ficate the the the the to be to be	Spinal fluid showed 0.39% alcohol
EXAMINER: This certificate should be executed within 24 hours after death. If any delate certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. In files.  EDTOR: Page 3 should be used as a burial-transit permit. File pages 4 and 2 with the Si designated agent, prior to burial, cremation, or removal, and attent within 72 ho	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Spinal fluid showed 0.39% alcohol  20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.  No injury  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS
te, v orwa orwa sho gent,	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Hour a m (County) (State)
INER Liffica be t led a	
EXAMINE the certific 4 should be ir files. CTOR: Page designated	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
FEDICALLY EXPERIENCE THE COME HE COME TO YOUR FILES DIRECTOR:	CHIEF MEDICAL EXAMINER
ta o o Est	ACTUAL SIGNATURE AS STANT MEDICAL EXAMINER 22. DATE SIGNED
Sed for the sed fo	EXAMINER'S NAME (Type) B.O. Thomas, M.B. Address (Street, city, town, or county)
lo DEPUTY MEI please execu- director. Pag retained for y O FUNERAL DI of Health or i	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
52250	REMOVAL (Specify) 7/IO/66 Methodist Church Cometery Petersville Maryland  24 FUNERAL DIRECTOR Brunswick Maryland 25a. REC'O BY REGISTRAR'S SIGNATORY
VR AISME (5)	Teele Tueveral Have Brunswick Maryland 25a. REC'O BY REGISTRAR'S SIGNATORY TOTAL OATE JUL 1 1 1966 Recliances Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 deaths 00001 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY hours after Frederick MARYLAND Maryland Frederick by the Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write BURAL and give nearest town)
Middletown, Rur oon papers. Pag within 72 hours Middletown Rural E d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? Broad St. NOK YES within completely carbon 3. NAME OF First Middle Last 4. DATE Month Day DECEASED Dillard event. Grove House 1966 (Type or print) DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. emove 7. MARRIED X NEVER MARRIED last birthday) Months I Davs Hours and white 898 male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT = 11. BIRTHPLACE (County & State, or foreign country) ysician please death certificate be COUNTRY? superintendent Frederick Co.
14. MOTHER'S MAIDEN NAME road const. II.S 13. FATHER'S NAME attending phy ermit. Then p remova Greenberry D. House Anna Arnold 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. INFORMANT Address the attent permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) 7-10-9405 D Grove House, Jr., Middlebown, Md. cremation. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by th requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) burial. nun DUE TO buri Conditions, If any, which been gave rise to Immediate the to DUE TO cause (a), stating the prior underlying cause last. as WAS AUTOPSY CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health PERFORMED? certificate hospital or YES NO TH PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached f this MEDICAL (County) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year After the do be de State factory, street, office bidg., etc.) Hour a.m. While Not While ATTENDING p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 135 M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22a. pe ATTENDING MED STAFF DIRECTOR M.D. PHYS. PHYS. may Da 3 HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) 4 Middletown, Md. Elmer Harp BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) burial (Specify) 18/66 Lutheran Cemetery Middletown. etown, Md.
25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR Company, Middletown, VR A15 (4) Md. DATE 1/65 20M

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8. STATE  D. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town of the served and give nearest town write RURAL and give nearest town of the served and give nearest town of the served and give nearest town write RURAL and give nearest town of the served and give nearest town write RURAL and give nearest town on the served and give nearest town of the served and give neares	1
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b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest converting to the Rural and give nearest con	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    A STREET ADDRESS	st town)
Sample   Portion   Print   P	Denos
3. NAME OF BECEASED (Type or print)  S. SEX  G. COLOR OR RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   Set (in years   If UNDER 1 years	FARM?
DECEASED (Type or print)    Decease   Color or race   7. Married   Never Married   S. Date of Birth   Suly   7. 19.6	NO 🗌
5. SEX  6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  103. USUAL OCCUPATION (GIVEKING OF WORKING)   DIVORCED   DIV	66
10a_USUAL OCCUPATION (GIVENING of work done unit retired)   10b_KINO OF BUSINESS OR   11. BIRTHPLAGE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14. MOTHER'S MAIOEN NAME   14. MOTHER'S MAIOEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF OEATH   CAUSE (a), stating the underlying cause last.   (c)   OUE TO	R 24 HRS.
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITYNO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)   PRE MATURITY   (B. W - 1049	Min.
18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   19. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY (B. W - 1049 grand)   19. WAS AUTOMOTIVE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART I.(a) 19. WAS AUTOMOTIVE COUNTY (IT EITHER, NOTIFY MEDICAL EXAMINER)   20a. ACCIOENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)   20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm)   20f. (City or town)   (County)   (St. aw the deceased alive on 10 and a work   3 twork   3 t	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   Address   18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   PREMATURITY (B. W - 1049 grant)   ONSET AND OI ONSET	
15. WAS DECEASED EVER IN U.S. ARMEO FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  OUE TO  OUE TO  OUT TO  OUT TO  OUT TO  OR ACCIOENT WAS UNDERLYING OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.)  OUT TO  OR CONTRIBUTING OR CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Hour a.m.  p.m.  19 at work of the deceased from Andrew of Injury (County) (Stephen at work of a twork of at work of a twork of at work of a twork of at work of a twork of a two o	
18. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).]   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)   PREMATURITY   B.W - 1049   IMMEDIATE CAUSE (a)   PREMATURITY   B.W - 1049   ONSET AND OIL TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)   OUE TO	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURITY  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ITHER, NOTITY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)  OR CONTRIBUTING CAUSE OF DEATH (IF ITHER, NOTITY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year but work Not While at work at work at work factory, street, office bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22a. SIGNATURE  ATTENDANC.  ONSET AND OIL  ONSET AN	
OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM  YES NOT NOT THE OF INJURY MOUTH OF DEATH OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  OCC. TIME OF INJURY Month, Oay, Year 19 at work 19 be, and that death occurred at 19 be, and 19 be a 19 be	TWEEN
OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OUE TO UNDERSTANDANCE OF DEATH OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PERFORM YES  N  200. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Oay, Year Hour a.m. P.m.  19 WAS AUT PERFORM YES N  200. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) Factory, street, office bidg., etc.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PERFORM YES N  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22. I certify that (I) (this hospital) attended the deceased from factory, street, office bidg., etc.)  22. J p. D. J p. J p. J p. J p. J p. J p.	DEATH
gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.)  20a. ACCIOENT WAS UNDERLYING CAUSE OF DEATH OF COURTED CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m.  19	
Cause (a), stating the underlying cause last.    Columber   Columb	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES NOT	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work Not While at work at work  21. I certify that (I) (this hospital) attended the deceased from 19 bb, and that death occurred at 19 bb,	TOPSY
20c. TIME OF INJURY Month, Oay, Year Hour a.m.  p.m.  19   Not While at work   Not While at work   20c. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)    21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on the date stated at the deceased size of the saw that death occurred at the saw that th	MEO?
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 21. I certify that (I) (this hospital) attended the deceased from 32. and that death occurred at 6 M, from the causes and on the date stated a 22a. SIGNATURE 22b. DATE SIGNED	
21. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive on 19 66, and that death occurred at 6 M, from the causes and on the date stated a 22a. SIGNATURE 122b. DATE SIGNED	- 1
21. I certify that (I) (this hospital) attended the deceased from July 5, 1966, to July 2, 1966, that (I) (we saw the deceased alive on July 7 1966, and that death occurred at 6 PM, from the causes and on the date stated a 22a. SIGNATURE 22b. DATE SIGNEO	State)
saw the deceased alive on July 7 19 66, and that death occurred at 6 F M, from the causes and on the date stated a 22a. SIGNATURE 122b. DATE SIGNED	
22a. SIGNATURE 2 22b. PATE SIGNED	
ATTENDING MED CTAFF ///	anuve.
M.D. ATTENDING MED. STAFF DIRECTOR DIRE	166
22c. PHYSICIAN'S NAME (Type)	
	hada)
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Sta	(ate)
24. FUNERAL DIRECTOR APPRESS   25a. REC'O BY REGISTRAR   25b. REGISTRAR'S SIGNATURE	
P. Laved Gornegotalet OATE JUL 12 1966 Pelianles Judg	ge
6 113425	

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09923 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATEMaryland b. COUNTY Ffederick 2, and 3 ta PM3. Page death of Frederick MARYLAND delay b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) write RURAL and give nearest tawn)
Frederick ofter MT. Airy d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office along with form Frederick Memorial Hospital Rt. 4, Mt. Airy in Item 18. Give Pages YES NO 24 hours ofter death. 3. NAME OF First Middle 4. DATE Last Month Year DECEASED the Trout July 29, 66 **JAMES JOHNSON** 19 within (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Last birthday) Manths Hours male caucasian 28, 1948 WIDOWED DIVORCED and 2 event 11. BIRTHPLACE (State or fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) None UFOUNTRY? Seattle, Wash. ony 14. MOTHER'S MAIDEN NAME within 13. FATHER'S NAME Milton Trout Johnson, Jr. Phyllis Ruth Kester puo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address This certificate should be executed (Yes, ga, ar unknawn) (If yes give war ar dates af service) or removol, 219-46-2956 pending" Mrs. Jean A. Crawford Frederick, Md. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Gunshot wound of head IMMEDIATE CAUSE (a) writing the word burial, cremotion, DUF TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) YES X NO please execute the certificate, agent, prior to pe 20a. EXTERNAL CAUSE WAS PRIMARY Larger CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) shot self in head CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Nat While may be retoined for your FUNERAL DIRECTOR: Poge 4:45 at work 19 66 7/29 Yellow Springs, Fred., Md. at wark designoted 21. I certify that I took charge of the remains described above, held an Autopsy x. Inspection . Inquiry , and in my apinian the funerol director. Natural couses Accident Suicide 🔀 Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER 5 mu, TO FUNERAL Health or its d ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER arus) 1 elle SIGNATURE 7/30/66 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty Address (Street, city, tawn, ar caunty) NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) Crewoyal (Print) 7-30-1966 Cedar Hill Crematory Washington. D.C. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. AFUNERAL DIRECTOR Charles 1966 Maryland AUG VR ATSME IS Dailey & Son Frederick. 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 09924 EALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Frederick Frederick a. STATE Maryland 2, ond 3 to PM3. Page 50 MARYLAND Department b. CITY DR TDWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If gutside carparate limits, write RURAL and give negrest town) write RURAL and give pearest town)
Baltimore-rural after 5 years Baltimore-fural d. NAME DF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE form hours DN A FARM? Rte. 4 Mt. Airy, Md. Rte. 4, Mt. Airy, Md. in Item 18. Give Pages ote YES NO after death. 3. NAME OF Middle Last DATE Manth Day Year within 72 DECEASED Milton Johnson, Jr 29 19 66 Trout (Type or print) DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED 😿 DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. NEVER MARRIED April 14, 1920 Haurs male white WIDOWED DIVORCED 24 hours event gud 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during most of working life even if retired). Govt. pages I in any Govt. York, Penn. pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Milton T. Johnson, Sr. Annie Belle Price ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) removal. Mrs. Jean A. Crawford Frederick, Maryland 537-10-5735 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Gunshot wounds of head cremotion, or IMMEDIATE CAUSE (a) This certificate should ie certiticate, writing the ward should be farwarded to the Ch DUF TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 0 05 buriol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION YES K NO designated agent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) 3 should PRIMARY TO ONTRIBUTING shot several times CALISE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Nat While factory, street, affice bldg., etc.) moy be retained for your FUNERAL DIRECTOR: Page 19 66 at wark Mt. Airy Md. Fred. at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry [ ond in my opinion Homicide X deoth resulted from: Notural couses Accident Suicide . Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER & O DEPUTY MEDICAL EXAMINER 7/29/66 **EXAMINER'S** Health ( Werner U. Spitz, M.D. NAME (Type) Address (Street, city, tawn, or county) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 0 Crema bion -30-1966 Cedar Hill Crematory Washington. ton. D.C. 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO 2Sa. REC'D BY REGISTRAR VR A15ME (5) Milianles 1996 Robert E. Dailey & Son Frederick, Maryland DATE AUG 6M 1/66

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Frederick of o death Maryland MARYLAND Frederick Department b. CITY DR TOWN (If outside corporate limits, c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 16 write RURAL and give nearest tawn) Baltimore-rural Baltimore-rural d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? haurs Office along with farm Rte. 4 Mt. Airy, Md. Rte. 4 Mt. Airy, Md. YES X NO 3. NAME OF Middle Lost 4. DATE DECEASED Phyllis Kuth within Johnson 7/29/66 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 45 dast birthdoy) in Item 18. Jan. 30, 1921 female white WIDOWED X DIVORCED ond 2 event 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN DF WHAT during most of working life, even if retired) INDUSTRYne COUNTY ?A Clinton, Iowa pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MILITARIE ALLEGATION IVan C. Kester Grace Rebecca Spafford and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes\_no, or unknown) (If yes give wor or dotes of service) Mrs. Jean A. Crawford Frederick, Maryland remayal 478-16-0381 pending permi 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Multiple gunshot wounds ONSET AND DEATH 10 IMMEDIATE CAUSE (o) s a burial-tra crematian, c writing the ward DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 4 shauld be forwarded PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES X NO agent, prior ta 20o. EXTERNAL CAUSE WAS PRIMARY ♣ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pluods shot CAUSE OF DEATH. several times 20c. TIME DF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page While Not While of work of work 19 66 Mt. Airv Fred. Md. 21. I certify that I took charge of the remains described above, held on Autopsy [X]. Inquiry ond in my opinion Inspection . deoth resulted from: Notural couses Accident Suicide . Homicide X Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER 😓 SIGNATURE DEPUTY MEDICAL EXAMINER Spitz, U. **EXAMINER'S** Werner M.D. 7/29/66 O FUNE Health NAME (Type Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) d. LOCATION (City or Town) Washington. D.C. (County) Cremation 8-3-1966 Cedar Hill Crematory 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Fineral Home Fred. VR A15ME 464 Robert E. Dailev & Son Melianles

haurs after death.

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This certificate shauld be executed within

AL EXAMINER:

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH OO Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	09926 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY.  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss
	a. COUNTY Frederick  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss b. COUNTY Frederick
cessary, o the funeral e 5 may be Department after death.	b. CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)
he fine fer epar	Frederick-Rural #5 7 Yrs. Frederick-Rural #5 / / d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS   e. IS RESIDEN
ate ate	Ridge Read Ridge Read Piss I No.
any dela 2, and PM3. F h the St n 72 hou	3. NAME OF DECEASED (Also known as Fredid . Kehne) Last 4. DATE Month Day Year
If any II. 2, II. 2, III. 2, III. 1, I	(Type or print) Frederic Burns Kehne DEATH July 14, 19 66  5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 7 18. DATE OF BIRTH 9. AGE (in years   IF UNDER 1 YEAR   IF UNDER 24
	Male White WIDDINGS DAYS Hours M
age if Pe	10a, USUAL OCCUPATION (Give kind of work done   1Db, KIND DF BUSINESS OR   11. BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT
2000	Self-employed Chiropractor Frederick, Md. Country? U. S.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
thours like of the page and in a	William R. Kehne Blanche V. Cutsail
1, F	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No (16 Social Security No. 17. INFORMANT Address Mrs. Josephine M. Kehne (Same as item #1)
be executed within pending" in pencil i Aedical Examiner's urial-transit permit. emation, or remova	18. CAUSE DF DEATH [Enter only one cause peg line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEAT
d be executed "pending" in ! Medical Exar burial-transit cremation, or	154 X DUE TO D 1 + 1 D 1
''pending'' ''pending' f Medical burial-tran cremation,	Conditions, If any, which gave rise to immediate (b)
ef Weef No a po	cause (a), stating the DUE TO
ficate shoul the word the Chief o the Chief used as a to burial,	Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED
the the the used to bu	PERFORMED YES NO
INER: This certificate should be exectificate, writing the word "pending" be forwarded to the Chief Medical ge 3 should be used as a burial-traited agent, prior to burial, cremation.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOP PERFORMED YES NO  2Da. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
This rward shou ent,	
e for age	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 40m, 10m, 10m, 10m, 10m, 10m, 10m, 10m, 1
P. da	21. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🗌, Inquiry 🔝, and in my opin
EXAMINE To the certificate of should be your files.  RECTOR: Page its designated its	death resulted from: Natural causes 54, Accident 1, Suicide 1, Homicide 1, Undetermined manner
Die ti ge 4 your your IREC its d	ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGN
as as	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
DEPUTY A ease exerctor. Prained for Funeral. Health	EXAMINER'S NAME (Type) B. O. Thomas, M. D. Address (Street, city, town, or county)
DEPUTY Dease ey director. retained FUNERA	23a. BURIAL CREMATION. 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LDCATION (City, town or county) (State)
Or depart	Burial 7/18/66 Mount Olivet Cemetery Frederick, Maryland
VR ALSME (5)	24. FUNERAL DIRECTOR & Son, Frederick, Mai. 21701   25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE JUL 18 1966 (Charles Jusque)
5M 1/65	M. R. Etchison & Son, Fledelick, Call. 21761 DATE OF 10 1000

ALCOHOL STATE OF THE STATE OF T Prederion Percentification of the contraction of the contract Last hater white 1988 P. Canno L. Hebrey on Devent county ndi i applo. onald akasawa mila dally by, it is is the sound of the second of all-smalleyed the contractor of testarack, id. Classed . Carbonite . American Linear Clarification of the state of the Course of the Phil Land Company Control Manager Courses of Section Courses and Section V source to the latter has been a few and the beautiful and

DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaesad lived, If institution: Rasidence bafora admission) . COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporete limits, ģ c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Pages 1 2 executed within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streat eddress d. STREET ADDRESS IS RESIDENCE ON A FARM? completely YES NO 14 77 NAME OF First Middle 4. DATE Last Month Day Yaar DECEASED OF 2 (Typa or print) DEATH 1966 carbon \*\* 5. SEX 6. COLOR OR RACE AGE (In year IF UNDER 1 YEAR IF UNDER 24 HRS pue 7. MARRIED NEVER MARRIED event Months Days WIDOWED D physician remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY done, during most of working, life, evan if ratired) any Housewa please 2 13. FATHER'S NAME attending and Then oval, IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes giva war or datas of service) physician. signed by 1B. CAUSE OF DEATH [Enter only one causa par lina for (a), (b), end (c).] INTERVAL BETWEEN 6 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit attending DUE TO has been Conditions, if eny, which gava rise to immediate couse DUE TO (e), stating the undarlying the the hospital or cause lest certificate as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY 0 CERTIFICATION PERFORMED? USB prior NO Po 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) After this Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by ATTENDING 2Dc. TIME OF INJURY Month, Dey, Yaar 2Dd. INJURY OCCURRED 1 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (State) ŏ While factory, street, office bldg., etc.) Not Whila DIRECTOR: Dept. at work at work p.m 99 19 that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from. should State and that death occurred at saw the deceased alive on. may DATE 22a. SIGNATUR SIGNED ATTENDING MED STAFF HOSPITAL FUNERAL page DIRECTOR PHYS. PHYS. M.D. with 22c. PHYSICIAN'S 22d, ADDRESS director, pe filed w 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Spacify) 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25e, REC'D BY REGISTRAR 1866 6 VR A15 (4) 20M 5-63

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09928 CERTIFICATE OF DEATH Heed Heed be executed within 24 hours after deoth completely filled in by the funeral love carbon popers. Poges 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Maryland MARYLAND Frederick event, within 72 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Frederick Frederick vears remove carbon popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS D.O.A .- Frederick Memorial Hospital 412 West Patrick Street 3. NAME OF Middle First Lost 4. DATE Month DECEASED James Danie1 Marks- Sr. July (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Male. White buriol, cremotion, or removal, and in any WIDOWED DIVORCED Feb. 10- 1903 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) eose during most of working life, even if retired)

Retired Policeman INDUSTRY Montgomery Co. Md. City Force physical ottending physical nermit. Then ple 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Alice Ford Franklin D. Marks 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick-Md. requires that the death permit. (Yes, no, ar unknown) (If yes give war or dates af service) 214-34-9336 Mrs. Gladys M. Marks-412 W. Patrick St.-No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or ottending physicion. DUF TO Canditions, if any, which gave rise to immediate cause (a). DUE TO stoting the underlying couse FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) While Not While at wark , 1965, to 6. 20 21. I certify that (1) (this haspital) attended the deceased fram\_ 1-8 1966, and that death accurred at 10 P. M, fram causes and on the date stated above. saw the deceased alive an 6. 220 SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 30 W. All Saints St. - Frederick-Md. Dr. U.G.Bourne-Jr.

23b. DATE THEREOF

Son

July 8-1966

20 M 1/66

23a. BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

M.R. Etchison &

Burial

Frederick, Md. 21701

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR

Frederick, Md. 21701

23d. LOCATION (City or Town)

Frederick

Day

4-

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

e. IS RESIDENCE ON A FARM?

Year

19 66

IF UNDER 24 HRS.

U.S.A.

INTERVAL BETWEEN

ONSEL AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(State)

YES X

, 19 66, that (1) (we) last

(County)

22b. DATE SIGNED

July 5-1966

(County)

Hours

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TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
09923
CERTIFICATE OF DEATH

										- 1 1 2	( W with	
1.	PLACE OF DEAT a. COUNTY	Н			- 1	2. USUAL RESIDENC	E (Where		If institution:	Residence	before adr	nission)
		Frederick		MARYLA	ND	Mai	ryla	nd "	F	reder	ick	
	b. CITY OR TOW	N (If outside corporate lim and give nearest town)	its, c. Li	ENGTH OF STAY II		c. CITY OR TOWN (If	outside	corporate Ilmi	ts, write RUR	AL and giv	e nearest	town)
		ederick	1	day		Rui	ral_	Mt. Air	477	10	,	
		SPITAL OR INSTITUTION (IF			ress)	d. STREET ADDRESS		TILO & TLILL	· J	, ,	. IS RESI	DENCE
							. 1				ON A FA	ARM?
_		rederick Memor	ial Hos	pital		Kot	ute l	-		Y	ES 📙 I	NON
3.	NAME OF DECEASED	First		Middle		Last	4. DA	TE	Month	Day	Year	
	(Type or print)	Mary		lizabeth	. Mo	Pherson	DE	ATH	July	22-	19	66
5.	SEX	6. COLOR OR RACE   7. M	ARRIED N	EVER MARRIED	7   8	DATE OF BIRTH		9. AGE (In y	ears IF UNDE	R 1 YEAR		
I	emale	White w	DOWED X	DIVORCED		Nov. 7- 1900	0		day) Months	Days	Hours	Min.
10a	. USUAL OCCUPAT	ION (Give kind of work done )				11. BIRTHPLACE (CO	ounty & S	tate, or foreign c	ountry)   12.	CITIZEN		
uui	Homemak	Ing life, even if retired)	INDUST	RY		Virgir	ກຳລ			COUNTRY	J.S.A	
13.	FATHER'S NAM				-	14. MOTHER'S MAID		F			7 10 111	-
						Alva I						
15		C. Murray EVER IN U.S. ARMED FORCES	1 16 50014	L SECURITY NO.	17	NFORMANT	noke		Address			
(Ye	s, no, or unkown)	(If yes give war or dates of service	e)									
	No		213-3	6-9177	ALbe	ert McPherso	on-	Route 4	- Mt. A	iry,	Md.	
-		DEATH [Enter only one caus	e per line for	(a), (b), and (c).	1					INTER	VAL BET	WEEN
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CARRIN	MA O	0	THE ENDO	MF	TRII.M			113	EAIII
	175	V				7.000		7 - 7 - 7				
	Conditions, If	any, which										
	gave rise to	Immediate (										
	cause (a), s								111,25			
2	underlying caus		NTRIBUTINGS							110	WAS ALL	ODOV
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CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING THE ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCUR	RED. (Enter nature of	Injury I	n Part I or Par	t II of Item 1	.8.)		
	20c. TIME OF	INJURY Month, Day, Year	20d. INJURY	OCCURRED 120e	e. PLAC	E OF INJURY (Home, far	rm.  20	f. (City or tov	(n) (C	ounty)	(St	ate)
MEDICAL	Hour a.r			ot While	factor	y, street, office bldg., et	tc.)	(0.0)	,		,-	
M	р.і		at work	at work						-		
	21. I certif	y that (1) (this hospital)		deceased from	m_2/			to_7/2	2, 19_	66, th	at William	e) last
61	saw the de	ceased alive on 7/	22	_19_ 4.4, and	d that	death occurred at2	45 M	from the car	uses and on	the date	stated	above.
	22a. SIGNATUI	RE ) 1								DATE SIG		
		Keekarel C. 11	Depul	el.	M.D.		MED. Directo	R PHYS.	Jul	y 23-	-1966	
	22c. PHYSICIA					22d. ADDRESS						
	NAME (T)	<sup>(pe)</sup> Dr. Richar	d C. Re	ynolds		804 Toll	Hou	se Ave.	-Freder	ick-N	ld.21	701
23a		MATION, 236. DATE THERE	OF   23c.	NAME OF CEM	ETERY	OR CREMATORY	23d.	LOCATION (C	ity, town or c	ounty)	(Sta	te)
	Burial	July 24-1	966 Mt	. Olivet	Cer	netery	F	rederic	k. Md.	21701	_	A
24.			700 1 2120	ADDRESS W	DIT	25a. REC	'D BY R	EGISTRAR   25	b. REGISTRA	R'S SIGNA	ATURE	
	M.R.Etc	chison & Son	// Fre	derick,					gelia			
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09922 CERTIFICATE OF DEATH 09930 Rea. Dist. No. hauld be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE Color Management Avet. COUNTY d.d. h.d. h.d.d. a. COUNTY MARYLAND War WI BOOK mind the rederich uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest town) Braddow Heights Richmond Braddock Heights 4 months d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? that to son BAND. Indobona Convalescent Home YES NO NAME OF 4. DATE OF DEATH Middle Year 1966 July (Type or print) (Pegram) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. Female WIDOWED A DIVORCED | papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) U.S.A. Norfolk, Va. Housewife remove carbon after o 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pattie Peters Harry L. Hodges haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Rev. Robert B. Pegram Yes 070 Annapo 10 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) meym onla 2 dans DUE TO Canditions, if any, which gave rise to immediate DUE TO casse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH/BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Parl I or Port II of item 18.)
OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Haur a. m. Not while at work at wark p. m. 21. I certify that I attended the deceased from / March, 1900 to La, 1966, that I last saw the deceased 19(6, and that death occurred at 10 24. M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S Professional Building Frederick, Md. James 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page REMOVAL (Specify) 1966 Hollywood Cemetery Richmond. Va. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Waltz Box 241 Sykesville, Md. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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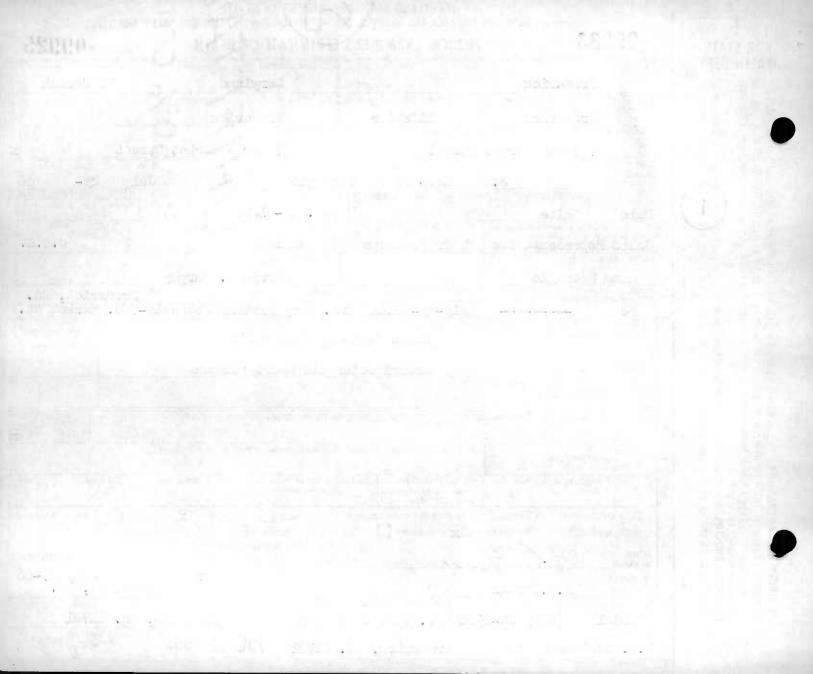
FOR STATE	MARYLAND STATE DEPARTMENT OF HEALTH  OP931 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  ()9923
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY Frederick  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE North Carolina. COUNTY Cumberland
cessary, the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Frederick  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  a. IS RESIDENCE ON A FARM?
irs age	Frederick Memorial Hospital 520 Yucca Court YES NOW  3. NAME DF First Middle Last 4. DATE Month Day Year
M3 M3 72	DECEASED (Type or print)  EVELYN  MARIE  MILLER  DEATH  July 5, 1966  5. SEX   6. COLOR OR RACE   7 MARRIED TO NEVER MARRIED TO   8. DATE OF BIRTH    9. AGE (In years)   FUNDER 1 YEAR   FUNDER 1 YEAR   FUNDER 24 HRS.
death. If an Pages 1, 2 with form P Ind 2 with Ind 2 wi	Female White WIDOWED DIVORCED 9 Sept 1929 36 yrs. Months Days Hours Min.
and even	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House-werk  10b. KIND OF BUSINESS OR INDUSTRY At Home  11. BIRTHPLACE (State or foreign country) COUNTRY? U. S.
	13. FATHER'S NAME  Joseph V. Deck  Edith Christenson
n 24 ho in Item s Office L. File al, and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yet, no, or unknown) (If yes give war or dates of service) No UNK Hospital Records
MEDI. EXAMINER. This certificate should be executed within 24 hours a ecute the certificate, writing the word "pending" in pencil in Item 18. age 4 should be forwarded to the Chief Medical Examiner's Office alon for your files.  DIRECTOR: Page 3 should be used as a burial-transit permit. File pages or its designated agent, prior to burial, cremation, or removal, and in an	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, If eny, which gave rise to immediate ceuse (a), stating the undarlying cause last.  (c)
ficate shoul the word to the Chief used as a to burial,	
ER. This certificate, writing forwarded to 3 should be agent, prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e)  19. WAS AUTOPSY PERFORMED?  YES NO   20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED.   20e. PLACE OF INJURY (Home, Farm,   20f. (City or town) (County) (State)
tificate, be forwage 3 sheed ager	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  Hour arm.  7 19 66 at work Not While at work at work at work at work at work and in my opinion  21. I certify that I took charge of the remains described above, held an Autopsy (Inspection Inquiry
EDITECTOR EXAMINE Cute the certificate 4 should be age 4 should be 17 your files. Fage 17 its designated it its designated	death resulted from: Natural causes
>X THE	ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   Ouly 6, 1966
DEPUTY Miplease executive Paragraph of the formula for Funeral 1 of Health or Health or	NAME (Type) B.O. Thomas, M.D. Address (Street, city, town, or county)   23a. BURIAL (CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
	Removal (Specify) 7/7/66 Fayetteville, N. C.  24. FUNERAL DIRECTOR Frederick, Maryland Son, Fred
VR AISME (5) 5M 1/65	M. R. Etchison & Son, Frederick, Maryland DATE JUL 7 1966 Michaeles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09933 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY h. COLINTY Maryland Frederick Frederick MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) and offer Lifetime Frederick Frederick d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs Office alang with form in Item 18. Give Pages ate South Market Street 7 South Market Street NO 30 24 haurs after death. 3. NAME OF Middle Month Eirst Lost 4 DATE Dov Year DECEASED OF DEATH July 25-Notnagle (Type or print) Leonard 66 With S. SEX 6. COLOR OR RACE 7. MARRIED 5 8. DATE OF BIRTH 9. AGE (In years IF UNDER | YEAR IE LINDER 24 HRS NEVER MARRIED lost birthdoy) Months Hours Jan. 15-1892 DIVORCED WIDOWED Male White 741 yrs 10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Sales Representative 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Paper Products Maryland U.S.A. any Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil = Adam Notnagle Carrie B. Murphy and 臣 Ξ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addre Frederick, Md. rd "pending" in Chief Medical E permit. (Yes, no, or unknown) ((If yes give wor or dotes of service) remayal 215-05-6012A Mrs. Mary Dittmar Notnagle-7 S. Market St. 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Acute Coronary Thrombosis 10 IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUF TO Conditions, if ony, which gove arteriosclerotic heart disease rise to immediate couse (o). DUF TO 0 stoting the underlying couse burial, o 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) the certificate, NO X pe 2 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, priar EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While DIRECTOR: Page please execute ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection x far Inquiry [ and in my apinion funeral directar. Accident | death resulted from: Natural causes x Suicide \ Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY July 25-66 DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** Address (Street, city, town, or county) Frederick, Md. NAME (Type) B.O. Thomas 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 50 July 28-1966 Frederick, Md. 21701 Mt. Olivet Cemetery 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 M.R. Etchison & Son Frederick. Md. 21701



A TIME TO SERVE A STATE OF THE SERVE AS A SE STOL JUNEAU Principal Principal Co. STATE OF STA Lengon I. Catter plureball and kanage Production and Dr. Michael C. Mornolds, M.D. Frederick, Charlend Pako alting the Bearing Head Cast . Value of the Total Line . House Line . House Line .

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transft nermit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

	DIVISIO	N OF STATISTICA	MAR AL RESE	ARCH AND REC	ORDS,		N STREET, BA	LTIMORE 1,	, MARYLAND
	09938	S		CERTIFI	CATE	OF DEATH			09928
1.	PLACE DE DEATI				H		E (Where deceased I	ved, If Institution	1: Residence before admission)
	F	rederick		MARYI	AND	a. STATE Ma	ryland	b. COUNTY $\mathbb{F}_1$	rederick
	b. CITY OR TOW write RURAL	N (if outside corporate and give nearest town)	limits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corporate	limits, write RUF	RAL and give nearest town)
	F	rederick				Br	unswick		10-1
		SPITAL OR INSTITUTION				d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
		ck Memori	al Ho	spPark	Ave	. 530 W.	Potomac	St.	YES NO K
3.	NAME DF DECEASED	Firs		Middle		Last	4. DATE	Month	Day Year
5.	(Type or print)	ELTON		EROY POTT			DEATH	July	12 19 66
J,	Male	6. COLOR OR RACE 7	. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		3/19/07	9. AGE (	In years IF UND Irthday) Month yrs.	DER 1 YEAR IF UNDER 24 HRS.  S Days Hours Min.
10a	. USUAL OCCUPAT	ION (Give kind of work doing life, even if retired)		(IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (Co	unty & State, or fore		CITIZEN OF WHAT
	Weld			per Compa	any	Yarrowsb	urg-Wash	-Md	U. S. A.
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME		
	Emc		otter			Lulu	Spence	r	
15. (Ye	. WAS DECEASED E	VER IN U.S. ARMED FORG (If yes give war or dates of se	ervice)	SOCIAL SECURITY NO.		NFDRMANT		Address	
	Yes	7/3/28-6/2	23/131			)Elsie M.	Potter-	Brunswi	ick, Md.
		DEATH [Enter only one	cause per l	ine for (a), (b), and (c)	.1	, (1	,		INTERVAL BETWEEN ONSET AND DEATH
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	) //	lassine (	du	hop loen	workings		72 Kerry
	331,	DUE TO	0.	0 0			0		
	Conditions, If		) <u>Ce</u>	retral 6	nel	instlu			
	cause (a), st		)						
S	underlying caus	IGNIFICANT CONDITION		ITING TO DEATH BUT N	OTDELAT	ED TO THE TERMINAL D	ISEASECONDITION	CIVEN IN DART 1	(a) 119. WAS AUTOPSY
CERTIFICATION				- THE TO BEATH BOTH	OTKELAT	LD TO THE TERMINAL D	ISENSECONDITION	GIVEN IN FART 1	PERFORMED?,
CERTI	OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINE	20b.	DESCRIBE HOW INJUR	Y OCCUR	RED. (Enter nature of	Injury In Part 1 or	Part II of Item	18.)
CAL		NJURY Month, Day, Ye	ar   2Dd. I	NJURY OCCURRED   2	De. PLAC	E OF INJURY (Home, far	m, 2Df. (City or	town) (0	County) (State)
MEDICAL	Hour a.m		While at work	Not While at work	ractory	, street, office bldg., et	C.)		
	21. I certify	that (I) (this hospit	al) attend	ed the deceased fro	om_2/	10 .10	66 to 7/	1 7 . 19	60, that (I) (we) last
		eased alive on 7/	2						the date stated above.
	22a. SIGNATUR	Ε	0			ATTENDING A		225,	DATE SIGNED
		lator	-		M.D.	PHYS.	IRECTOR PH	s. D	dy 13/66
	22c. PHYSICIA NAME (Ty	pe) G.F. ME	A DOG	25, M)	165	22d. ADDRESS	1 House a	ere Ju	renil MJ
23a	. BURIAL, CREM	ATION.I 23b. DATE TH	EREOF	1 23c. NAME OF CEL	METERY (	OR CREMATORY	1 23d. LOCATION	(City, town or	county) (State)

BURIAL CREMATION, 236. DATE THEREOF
REMOVAL (Specify)
Burial 7/15/66

24. FUNERAL DIRECTOR
FILE Funeral Hereof Brownsville Md. Church of RECOBEREGISTRAR JUL 15 19 25b. REGISTRAR'S SIGNATURE 1966 Brunswick, Md. DATE

A CONTRACT OF THE PARTY OF THE 192 apicaso , MOSA , NV Teal ..., CROPE Information of tealing . N - . cms - - on destruct by transfer control of the feet medical habout Salaton - 12-12- Mishela Lata La Pottor- winn 14 . 1/38 to Lambod of costs were were A STATE OF THE STA

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 09938 CERTIFICATE OF DEATH and 2 24 hours after death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Frederick a. STATE Maryland b. COUNTY Frederick papers. Pages 1 in 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Burkittsviile, Md b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b Rawrite RURA and give nearest town) weeks = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Vallet View Nursing Home NO A completely ve carbon p within NAME DE First Middie DATE Month Day Year Shafer DECEASED Edgar Young DF July 66 (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH last birthday) Months I Male March 28,1881 White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Fallier 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician The law requires that the death certificate be Own Farm Frederick, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remo George C. Shafer Julia Young 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 0 (Yes no, or unkown) (If yes give war or dates of service) Evenlyn Shafer, Burkittsville, Md. None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia IMMEDIATE CAUSE (a) DUE TO Pyelonephritis months Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the Congestive Heart Failure year underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate YES NO DE PHYSICIAN: 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) tached f OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While After at work 1966 P 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 111 11, 1966, and the Jan 4 July DIRECTOR: age 3 should led with the and that death occurred at 2:1M. from Me-causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. July 11, M.D. PHYS. DIRECTOR FUNERAL 22C. PHYSICIAN'S 22d. ADDRESS director, p Brunswick. Byron NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23c. 0 14,1966 Burkittsville. Md. Union Cemetery ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNAJURE 24. FUNERAL DIRECTOR Middletown, Md. Company VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1994		CERTIFICAT	E OF DEATH	H	09932
	ederick	MARYLAND	a STATE	ICE (Where deceased lived, If inst b. COUNT	itution: Residence before admission)  TY  Frederick
b. CITY OR TOV write RURAL Middleto	NN (if outside corporate limit and give nearest town)  wn-Rural	ts, c. LENGTH OF STAY IN 1b Since 7/1/61		f outside corporate limits, writerick	te RURAL and give nearest town)
	ospital or institution (if raise Mursing Ho	ot in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO KX
3. NAME OF DECEASED (Type or print)	First GENEVA	Middle ADELL	Last SMITH	4. DATE Month OF DEATH J	Day Year 19 66
5. SEX Female	9.79 . 0 4	ARRIED NEVER MARRIED DOWED X DIVORCED	8. DATE OF BIRTH  28 April 1	land Clubbaland -	FUNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
House-w		10b. KIND OF BUSINESS OR INDUSTRY Own Home		County & State, or foreign country)  k County, Md.	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAM	Welfe		14. MOTHER'S MAI		
15. WAS DECEASED (Yes, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service	10-1	INFORMANT effer Knill	Address. Woodbine. Mar	
FICAT	immediate stating the Stating the Se last. (c) SIGNIFICANT CONDITIONS CO	Securalized a		DISEASE CONDITION GIVEN IN P	YES NO NO
	ING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)  INJURY Month, Day, Year		CE OF INJURY (Home, f		(County) (State)
ZOC. TIME OF Hour a. p.		While Not While at work facto	ory, street, office bldg.,	etc.)	
	eceased alive on IRE  WEADS TO ANYS	voncer M.	ATTENDING PHYS.	MED. STAFF PHYS. Trket St., Frede	n, 1966, that (I) (we) last and on the date stated above.  22b. DATE SIGNED  16 July 1966  rick, Md.
Burial (Sp		Mount Olivet	Y OR CREMATORY Cemetery	Frederick, M	wn or county) (State) aryland
M. R. E	TINDERSELL IN V	Frederick, Md. 2		JUL 2.0. 1966	GISTRAR'S SIGNATURE

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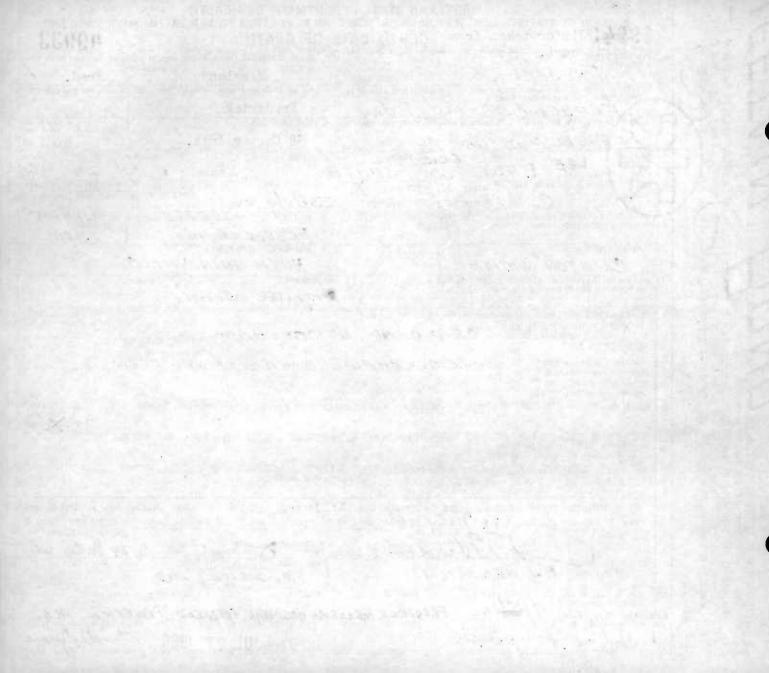
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	MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	PVIAND
funeral 1 and 2 death.	Jack Hainfor taken from CERTIFICATE OF DEATH	9933
The set	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as COUNTY)	dence before admission)
	a. SIAIE	ed.
X	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS	-1
		e. IS RESIDENCE ON A FARM?
4:	FREDERICIC MEMORIAL 58 Carver Apts.	YES NO
1	3. NAME DF DECEASED (Type or print) LEE BABY BOY SMITH  STATE Month DF DEATH JULY 2	Oay Year -4 1966
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH 9. ACE (In years   FUNDER 1 Y   last birthday) Months   Da	YEAR IF UNDER 24 HRS. ays Hours Min.
	MIDOWEO DIVORCEO 23004 66 yrs.	23 110
	during most of working life, even if retired) INDUSTRY FREDERICK, MD	ZEN OF WHAT NTRY? USA
	13. FATHER'S NAME	
	CLINTON SMITH RUTH ANN WILLS	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
-		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMCRRHAGE	ONSET AND OEATH
	7710 OUE TO	
	Conditions, If any, which \ (h) HEMCRRHAGIT DISEASE OF NEWBORN	
	gave rise to immediate cause (a), stating the DUE TO	
	underlying cause last. (c)	
		19. WAS AUTOPSY PERFORMEO? YES NO
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work	y) (State)
		that (I) (we) last
	saw the deceased alive on 24 July 1966, and that death occurred at M, from the causes and on the	date stated above.
	22a. SIGNATURE 22b. DATE  ATTENDING MEO. STAFF 22b. DATE  OUPGOTOD DIVING 12c. 12c. 12c. 12c. 12c. 12c. 12c. 12c.	E SICNED
	22c. PHYSICIAN'S DIRECTOR PHYS. 24 Jac	ly 66
	NAME (Type) F. J. HELDRICH FREDERICK, MD.	,
	23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or count	(State)
	RELEASE TO HOSPITAL 7/24/66 FREDERICK MEMORIAL HOSPITAL FREDERICK	
1	24. FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR 250. REGISTRAR 250.	SICNATURE
3	P. Daved Jourgeals DATE JUL 27 1986 Johnson	es judge
	6-216061	-0



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY Frederick b. COUNTY Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) rector. write RURAL and give nearest town) Frederick Frederick Years W d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE 423 Sherman Avenue 423 Sherman Avenue YES NO X retaine he Stat 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) TDA VIVIAN SUMMERS DEATH 22. July death. d 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. lest birthdey) Months | Devs 19 Dec 1885 Hours Female. White WIDOWEDX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Own Home Fincastle, Va. U. S. House-work PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John A. Cronise Nettie Stevens 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Add425 Sherman Ave., (Yes, no, or unkown) | (Ifyesgivewarordatesofservice) Mrs. O. Christine Smith. 212-32-4263 along with f Frederick, Md. 21701 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Strangulation Due To Hanging Minutes IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying Examiner PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? pluods 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part II or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Hanged self in basement at residence CAUSE OF DEATH. Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer (County) age factory, street, office bldg., etc.) Not While\_ MEDI 10 66 Frederick-Frederick-Maryland to the Home et work à 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X and in my opinion warded death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL designated DATE SIGNED ASSISTANT MEDICAL EXAMINER lease execusive should be too SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S B. O. Thomas, M. D. 23 July 1966 NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Mount Hope Cemetery /25/66 Woodsboro, Maryland **Burial 540** 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME M. R. Etchison & Son, Frederick, 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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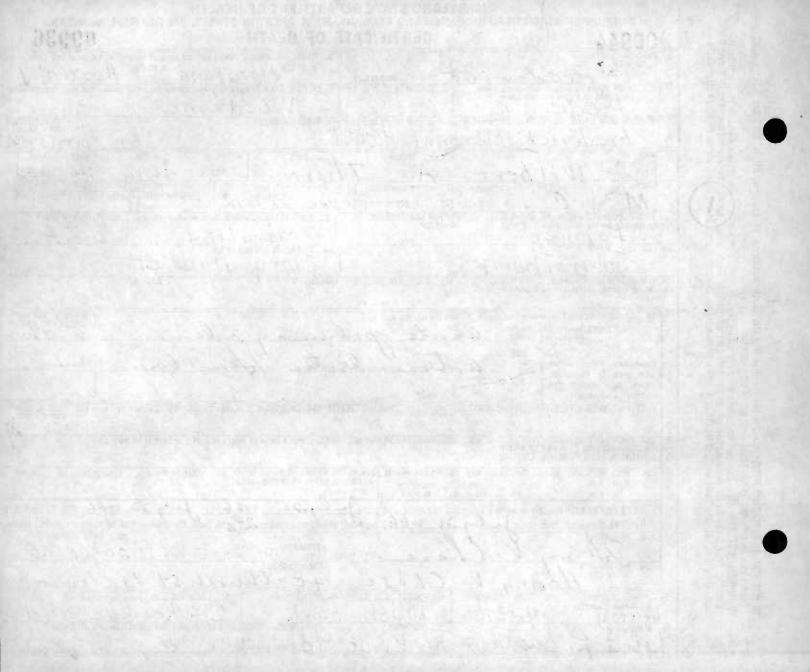
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Frederick a. STATE b. COUNTY Maryland Frederick MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Frederick Frederick vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? se to 7 East Patrick Street State 7 East Patrick Street NO A NAME OF First Middle Last DATE DECEASED OF DEATH July ARLAN JAMES SWARTZ 66 (Type or print) 19 2 with within 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | Age | Hours | Min. 7. MARRIED X NEVER MARRIED April 28, 1920 White Male WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mgr. Drug Store 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Bethelhem. Penn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel V. Heppstein Charles W. Swartz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give war or dates of service) permit. Mrs. Mary Frances Swarts Frederick. Md. 169-12-8141 W.W. 2 Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gove rise to immediate DUE TO cause (a), steting the underlying cause lest. used as to burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T should be 20a. EXTERNAL CAUSE WAS PRIMARY 50 or CONTRIBUTING □ CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) 3 shou MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) While et work Not While K dowl 19.66 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection DIRECTOR: death resulted from: Natural causes Accident Suicide X Homicide Undetermined manner VOUL CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURI 0 for DEPUTY MEDICAL EXAMINER **EXAMINER'S** director. retained Address (Street, city, town, or county) NAME (Type) B.O. Thomas, M.D. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) Burial (Specify) Mount Olivet Cemetery Frederick. Maryland -196624. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966 VR A15ME (5)1 Frederick. Md. Robert Dai lev

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after after by the 1 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside porporate limits, write RURAL and give nearest town) rbon papers. Page, within 72 hours a write BUKAL and give nearest town) 24 hours 0 er1 d filled in INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? remove carbon pa NO X YES within 3. NAME DE First Middle DATE Day Last 4. Month Year DECEASED OF DEATH 2-0 (Type or print) 19 executed 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. 7. MARRIED NEVER MARRIEO WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician certificate be during most of working life, even if retired) INDUSTRY COUNTRY? eas rmer a removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME attending principles of the services of the se s been signed by the attendi the burial-transit permit. To burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address death (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) 200 DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a). stating After this certificate has be d be detached for use as the State Dept. of Health prior underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. YES NO 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While OR ATTENDING p.m. 19 at work at work director, page 3 should should be filed with the 3 21. I certify that (I) (this hospital) attended the deceased from 196 1966, that (I) (we) last and that death occurred at-1966 saw the deceased alive on M. from the causes and on the date stated above. SIGNATURE 22a. 22b. DATE SIGNED ATTENDING PHYS. STAFF TO HOSPITAL O M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. director, p 22c. **ADDRESS** NAME (Type) 23b. BURIAL, CREMATION, DATE THEREOF 23c. OF CEMETERY-OR CREMATORY LOCATION (State) 23d. (City. town or county) REMOVAL (Speqify) FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. CDUNTY Frederick by the f Pages 1 urs after Marvland MARYLAND Frederick b. CITY DR TDWN (If outside corporate limits. c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours Frederick Frederick .= vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? Frederick Memorial Hospital 111 E. Second St. NO DE YES completely to 3. NAME OF First DATE Middle Lest Month Day Year DECEASED Tollenger (Type or print) DEATH 19 66 Marv Anna July 5 SEX 6. COLOR DR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED 9. NEVER MARRIED any Female White WIDDWED X DIVDRCED [ Nov. 16-1886 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND DF BUSINESS DR INDUSTRY physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT and COUNTRY? U.S.A. Union Bridge, Md. Homemaker removal. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME attending print. Then Emma Florence Stoner Edward Reisler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Frederick, Md. 17. INFORMANT transit permit. 16. SDCIAL SECURITY ND. I (Yes, no, or unkown) (If yes give war or dates of service) 220-44-2074 Mrs. Carroll Albaugh-Ill E. 2nd. St. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN s been signed by to the burial-transit ior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism, thrombotic DUE TD Conditions, If any, which Phlebothrombosis, right lower extremity (b) gave rise to immediate DUE TD cause (a), stating the underlying cause last. has as prio (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY this certificate had detached for use a te Dept. of Health p PERFORMED? Chronic cholecystitis: cholelithiasis YES -ND T 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 120e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. DIRECTOR: After age 3 should be defiled with the State MEDI Not While at work et work be retained July 20 , 1966 , to\_ July 25 1966, that (total) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred al 255PM, from the causes and on the date stated above. saw the deceased alive on July 24. 1966 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. 7.25.66 M.D. DIRECTOR 4 may TO FUNERAL I File PHYSICIAN'S ADDRESS 22d. Thomas E. Stone NAME (Type) 4 West Third St.- Frederick-Md.21701 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) Near Darlington, Maryland July 28-1966 Rock Run Cemetery REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Charles M.R. Etchison 1966 VR A15 (4) Frederick. Md. 15M 4-64

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THE RESERVE OF THE - ALT COMPANY DOUBLE Temporal Society St. The same of the sa old steering and folias transmission sylmentic sound physics, almost confederally all attached and there are attached BY IS, BURELING -. In British Chine no Print and Albert State of the Control of the Con

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2001.0 funeral hours after death. and PLACE-OF-DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY A by the Pages a affer a. STATE Frederick Maryland MARYLANO Frederick b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) papers. Paginin 72 hours write RURAL and give nearest town) Hours Frederick filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 1118 W. 11th. Street Frederick Memorial Hospital YES NO executed within completely lease remove carbon and in any event, with 3. NAME OF DECEASED DATE Month Middle Year First Last Day DEATH 1966 (Type or print) Mary 5. SEX DATE OF BIRTH AGE (In years INF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. NEVER MARRIED 7. MARRIED last birthday) Months Hours August 22, 1920 WIDOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Fred. Mem. Hospital Phoenixville, Pa. U. S. A. Dietician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Meszaros Frank A. Toth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) n signed by the afti burial-transit permi burial, cremation, o 206 16 8824 Gerald F. Toth, Kimberton, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH been signed by PART 1. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate r to DUE TO (a), stating the as th underlying cause last. 10 FUNERAL DIRECTOR: After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health prior (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. RERPORMED? NO YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part | of Item 18.) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While ATTENDING p.m. at work at work be retained 21. I certify that (I) (this hospital), attended the deceased from and that death occurred at 4 A.M. from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING OIRECTOR 4 may PHY81CIAN'S ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. BURIAL, CREMATION, DATE THEREOF 23b. REMOVAL (Specify) Sacred Heart Cemetery Phoenixville, Pa. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS. 25a. 2 dile VR A15 (4) M.R. Etchison .Frederick. DATE 15M 4-64

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Film 379 % MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Montgomery delay is and 3 to M3. Poge Frederick MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) CLENGTH OF STAY IN 1b D.O.A. Frederick Damascus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with farm haurs 26621 Ridge Rd. in Item 18. Give Poges Frederick Mem. Hospital YES NO X 3. NAME OF First Middle 4 DATE Month Doy Year DECEASED Tschiffely July 24 19 66 (Type or print) Charles Owens DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Dovs Hours WIDOWED DIVORCED May 24,1911 24 hours event White Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Washington, D.C.

14. MOTHER'S MAIDEN NAME Salesman

13. FATHER'S NAME Floor Co. pages in any This certificate should be executed within Ama Smoot C. Stott Tschiffely and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address removol, (Yes, no, or unknown) (If yes give wor or dotes of service)
Yes WW 2 220-34-4106 Mrs Catherine L. Tschiffely, Item 2 Yes Congestive Heart Failure + 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) s o burial-tra cremotion, o the certificate, writing the word 4 should be forwarded to the Ch DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Alcoholism used as a 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING JO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Spinal fluid showed 0.22 per cent Ethyl Alcohol YES X NO 0 age 3 should b 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I LAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 5 moy be retoined to your or your or be seen a seen Hour o.m. While foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that I took charge of the remains described above, held an Autopsy ond in my opinian Inspection . Inquiry Natural causes . Accident . Suicide death resulted from: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** B.O. Thomas, M.D. Heolth NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify)
Burial July 27,1966 Arlington National Ft. Myer, Virginia 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Milarley Olin L. Molesworth, VR A15ME (5) 1966 Damascus, Md. 6M 1/66

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1. PLACE OF DEATH a. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b CITY OR TOWN (if outside corporate limits   C LENCTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give pearest town) Frederick years	Frederick /o./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   6. IS RESIDENCE ON A FARM?
411 South Market St.	411 S. Market St. YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
F AFY	chter   DEATH July 23- 19 66  8. DATE OF BIRTH   9. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS
7. WARRIED   NEVER WARRIED	last birthday) Months   Days   Hours   Min
Female White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR	Oct. 16- 1874   91 yrs.   12. CITIZEN OF WHAT
during most of working life, even if retired)  Homemaker  INDUSTRY	Frederick County, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nathaniel Wesley Bell	Elizabeth Ellen Perry
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address Frederick-Md.
(Yes, no, or unkown) (If yes give war or dates of service) No 217-48-3752 Mrs	s. Bertha Nicholson-411 S. Market St
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Condestine	Least Failure ONSETTAND DEATH
4221 DUE TO A LL	1 de la companya del companya de la companya del companya de la co
Conditions, If any, which ) (1) Terrosphere)	to Cardioraspular disease 8 years.
gave rise to immediate cause (a), stating the OUE TO	
underlying cause last. (c)	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 7 NO 12
	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED facto while at work at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m.  p.m.  19 While Not While at work	A A A A A A A A A A A A A A A A A A A
21. I certify that (I) (this hospital) attended the deceased from	uly 1962 to July 27, 1966, that (1) (we) last
saw the deceased alive on July 24, 1966, and that	death occurred at 2 MM, from the causes and on the date stated above.
22a. SIGNATURE DOY DAVIS M.D	ATTENDING MED. STAFF 22b. OATE SIGNED  ATTENDING MED. STAFF July 24-1966
22c. PHYSICIAM'S NAME (Type) Dr. LeRoy T. Davis	22d. ADDRESS Professional BldgFrederick-Md.21701
23a. BURIAL, CREMATION,   23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify)	
Burial July 26-66 Mt. Olivet Cer	25a REC'D BY REGISTRAR   25h REGISTRAR'S SIGNATURE
M.R.Etchison & Son Frederick, M	d. DATE JUL 26 1966 Milarles Judge
	DATE TO THE TOTAL OF THE TAX OF T

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Frederick Maryland Frederick MARYLAND essary, funeral b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Frederick Years the 5 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ay had ay had a see ON A FARM? State Frederick Memorial Hospital 1205 Stalev Ave. NO. YES 3. NAME OF First Middle Last DATE Month Day Year DECEASED OF Helen 1966 (Type or print) E. Wenzel July DEATH 2 with 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 9. death. I Female White Feb. 7- 1910 56 yrs. WIDOWED ! and 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT after d during most of working life, even if retired) COUNTRY? INDUSTRY Homemaker Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Wachter Annie Filby File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) permit. Md. 220-16-1/16 Charles Wenzel-1205 Staley Ave Frederick-18. CAUSE OF DEATH [Enter only one cause-per ling for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit 50 cremation. Conditions, If any, which gave rise to immediate DUE TO This certificate should (e), steting the certificate, writing the word 40 underlying cause lest used as to burial, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEXMINAL DISEASE CONDITION GIMEN IN PART 1(6) , 119. PERFORMED? 20a. EXTURNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. should ent, pri 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry should death resulted from: Undetermined manner Natural causes Accident Suicide Homicide your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE for 0 DEPUTY MEDICAL EXAMINER VC **EXAMINER'S** director. retained B.O. Thomas. M.D. NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 0 July 23-66 Frederick, Mt. Olivet Cemetery Burial Frederick, Md. 21701
25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1966 VR ALSME (5) M.R. Etchison & Son Frederick. DATE 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY Frederick b. COUNTY Maryland Frederick まるす MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) 2 Weeks Union Bridge Frederick within d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. Pag 72 hours ON A FARM? Frederick, Memorial Hospital Route # 2 YES X NO 3. NAME OF Middle 4. DATE Last Month Dey DECEASED OF July 22. **JOHN** WOODROW WOLFE (Typa or print) DEATH 66 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS birthdey) Months May 29, 1912 Male White WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Steta, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Retired Farmer Farming Frederick County, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E Daniel W. Wolfe Cora Baker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes no, or unkown) | (If yes give war or dates of service) Mrs. Mildred E. Wolfe Rt.# 2 Union Bridge, Md. attending physician. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Chronic alceholism IMMEDIATE CAUSE (e) ders cremation, burial-transit DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION as o PERFORMED? NO X prior 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour e.m. Not While et work et work totaly 22 1906, that (1) (we) last 21. I certify that (I) (this bospital) attended the deceased from July 100 19 6 and that death occurred at M. from the causes and on the date stated above saw the deceased alive only 22e. SIGNATURE 22b. DATE ATTENDING SIGNED 7-22-1966 PHYS. DIRECTOR PHYS. M.D. FUNERAL HOSPITAL page with t 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) 810 Toll House Avenue Dr. Gilcin F. Meadors M.D. Frederick. Md. 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) O direction REMOVAL (Specify) Frederick County, Maryland Beaver Dam Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Frederick, Maryland VR A15 (4) 1966

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after PLACE OF DEATH 2. USUAL RESIDENCE (Whara dacaased lived, If Institution: Residence before edmission . COUNTY Frederick b. COUNTY hours by the and 2 death. Maryland Frederick MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) 24 .5 7 Braddock Heights vears Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 412 North Market Street Vindobona Convalescent Home YES NO X completely papers. NAME OF 4. DATE Last DECEASED OF DEATH VALLETTA YINGER (Type or print) 12, July within 19 66 carbon S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months October 2. 1875 event, Female White WIDOWED X DIVORCED [ certificate se remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Homemaker None Frederick. Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the hospital or attending physician. John H. Bender Barbara Lease 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Md. (Yes, no, or unkown) (Ifyes giva war or dates of service) None Mrs. Helen Y. Magaha 412 N. Market St. Fred. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ŏ PART I, DEATH WAS CAUSED BY: soulles acrident IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO gave rise to Immediate cause DUE TO (a), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 5 8 PERFORMED? prior NO K 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour a.m. ŏ at work at work p.m. 22a SIGNATURE 22b. DATE ATTENDING MED 7-12-1966 DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4
O FUNERAL 111100 M.D. page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 228 N. Market St. Frederick, Maryland M.D. James B. Thomas filed v 23a BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) REMOVAL (Specify) Frederick, Maryland E dia Mount Olivet Cemetery 7-15-1966 Burial Frederick, Maryland 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S STONATURE and Son , 1966 VR A15 (4) DATE JUL 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

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		rreder	1CK	3 weeks		derick	/	0-1
	d. NAME OF			n hospitel, give street eddress)	d. STREET ADDRESS			e. IS RESI
	NAME OF	Monoca	Cy Hall I	Nursing Home		West Third St		YES N
	(Type or print)		IRMA	RAE ZIMME	ERMAN	4. DATE MODE OF July		19 6
-	s. sex Female	Whi	+ 0	The feet with the last	ebruary 10.	last birthday	Months Deys	Hours 2
1	done during most Homema	CUPATION (Give I of working life, e ker	ven if retired)	Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou			OF WHAT CO
1	3. FATHER'S NA		1	Hone	14. MOTHER'S MAIDEN		y I and Oc	,
	Melvin	A. E. B	iser		Esta Nik			
1 (	5. WAS DECEAS	FD EVER IN ILS	APMED CODCECT	16. SOCIAL SECURITY NO. 17. 1 219-46-3376 Mr.		Zimmerman Rt.		liry I
	PART I.	DEATH WAS CAN	USED BY:	per line for (a) (b), end (c).	whi He	and Disease		NSET AND DE
2	Conditions, gove rise to i (a), steting ceuse lest.	DEATH WAS CAI IMMEDIATE if any, which mmediate cause the <u>underlying</u>	DUE TO  (b)  DUE TO  (c)	arteriosele			00	NSET AND DE
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[1] "我就不知,我是一种"是一种"。 "是是不是我的 医胃心中的 我就不管就是这种。" THE THE THE THE PARTY OF STREET AND A STREET CARLOTTE OF STATE OF Total Control of the The state of the s deligned Acests by William L. D. L. Bulletin Street heatens kyn hase february a state of the arriver of and the same of the same of